

L12000033985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FALLON TRANSPORT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW FALLON SR

Name of Person

FALLON TRANSPORT

Firm/Company

11900 FOREST MERE DR APT 102

Address

BONITA SPRINGS FL 34135

City/State and Zip Code

MFALLON67@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW FALLON SR

239 281-2083
at ()

Name of Person

Area Code

Daytime Telephone Number

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Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FALLON TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/31/2013 and assigned
Florida document number L12000033985

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

FALLON TRANSPORT LLC

11900 FOREST MERE DR APT 102

BONITA SPRINGS FL 34135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FALLON TRANSPORT LLC

11900 FOREST MERE DR APT 102

BONITA SPRINGS FL 34135

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MATTHEW FALLON SR

New Registered Office Address:

11900 FOREST MERE DR APT 102

Enter Florida street address

BONITA SPRINGS

Florida

City

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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PETER FALLON JR	8252 QUAKER PLACE	<input type="checkbox"/> Add
		NAPLES FL 34104	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MATTHEW FALLON SR	11900 FOREST MERE DR APT 102	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS FL 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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(b) The 90th day after the record is filed.

Typed or printed name of signee