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J. BRYAN

MAY 18 2012

EXAMINER

COVER LETTER

O: Registration Section Division of Corporations
SUBJECT: Warrior Auto Trans Ort, UC 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:
Jorge Sigurani Name of Person
Warrior Auto Transport, uc
1603 NE 34th lane
Cape Coral, FL 33909 ===
City/State and Zip Code Warrior Auto Transport 69mail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 878-912-60 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$ (additional copy is enclosed) \$\ \text{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

	Name of the Limited Liability	ransport UC	our records.)
	(A Florida Li The Articles of Organization for this Limited Liability Co Florida document number 2120005313	mited Liability Company) ompany were filed on	20 2012 and assigned
¥	This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit	ed liability company here:	
1	The new name must be distinguishable and end with the word "L.L.C."		the designation "LLC" or the abbreviation
	Enter new principal offices address, if applicable:		7 20
	(Principal office address MUST BE A STREET ADDRE	ESS)	2000年1
	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AV 17 PM 3: AN SSEE, FLG
}	B. If amending the registered agent and/or registered agent and/or the new registered office address		records, enter the name of the new
	Name of New Registered Agent:		
	New Registered Office Address:	Enter Florida street address	
		, Florida	
		City	Zip Code

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGRM = Managing Member

Title . <u>Address</u> **Type of Action** Add ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ignature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00 / 0x4 1133