L120000000678

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SECRETARY OF STATE
JALLAHASSEE ELTAIE

(For Office Use Only)
COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Red Oak Transport LLC
(Name of Partnership)
DOCUMENT NUMBER: <u>L</u> 12000060678
The enclosed Amendment to Partnership Statement and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donald S. Sargent (Name of Person)
Red Oak Transport UC (Firm/Company)
18131 NW. County Road 275 (Address)
Altha, FL 32421 (City/State and Zip Code)
Sorgentlisa O Outlook. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Donald S. Sarsant At (850) 447.0505 (Name of Person) (Area Code) (Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red Dak Transport	r LLC
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 1. 2.000666</u> 8	were filed on _05 0 2 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	E. C. W. L. C. W.
Enter new principal offices address, if applicable:	the designation "L.C." or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	SEG.
Enter new mailing address, if applicable:	NA SSEN ASSEN
(Mailing address MAY BE A POST OFFICE BOX)	
	gπ ω
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new e:
Name of New Registered Agent:)/A ~
New Registered Office Address:	<i>(</i>
	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 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 **Title Name** Address **Type of Action** Lisa A. Sargent 18/31 NW. Commy Road ☐ Remove Altha, FL □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove _□ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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fective date, if other than the date an effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department.	ectic and ca oes not mee	nnot be prior t the applic	18/20 to date of filing able statutory	g or more than 9	(optional 0 days after tilin ments, this dat	g.) Pursuant	to 605.02 be listed
record specifies a delayed effo The 90th day after the record i	ective dat s filed.	e, but no	t an effect	ive time, at	12:01 a.m	on the	earlier
ated August 18	 \/	<u>/2017</u>	AS	Ì			
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Filing Fee: \$25.00