

L12000009228U

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

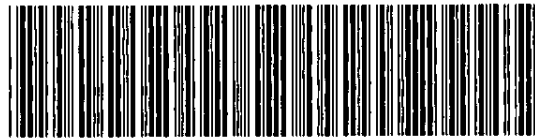
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 10 PM 4:50

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: W&M Patterson Transport, LLC
Name of Limited Liability Company

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 10 PM 4:50

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

Please return all correspondence concerning this matter to the following:

Michael Patterson

Name of Person

W&M Patterson Transport, LLC

Firm/Company

604 Gazelle Trl

Address

Harker Heights, Texas 76548

City/State and Zip Code

m.patterson@wandmpatterson.com

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

For further information concerning this matter, please call:

Michael Patterson

Name of Person

at (**254**)

466-3171

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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**

W&M Patterson Transport, LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 10 PM 4:50

The Articles of Organization for this Limited Liability Company were filed on July 17, 2012 and assigned
Florida document number L12000092280.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 11361 168th Street
(Principal office address MUST BE A STREET ADDRESS) McAlpin, Florida 32062

Enter new mailing address, if applicable: 11361 168th Street
(Mailing address MAY BE A POST OFFICE BOX) McAlpin, Florida 32062

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: _____

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael L Patterson	604 Gazelle Trl Harker Heights, Texas 76548	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Wayne L Patterson	11361 168th Street McAlpin, Florida 32062	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 7 August, 2012



Signature of a member or authorized representative of a member

Michael L Patterson

Typed or printed name of signee