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COVER LETTER

TO:	Registration of	n Section Corporations	•	
SUBJE	·CT•	W&M Patte	rson Transport, LLC	
SCHOL			ited Liability Company	
The end	closed Article	s of Amendment and fee(s) are su	bmitted for filing.	
Please 1	return all cori	espondence concerning this matte	or to the following:	
,		 	Michael L Patterson	- E
			Name of Person	ALL ALL AND
			Firm/Company	
			604 Gazelle Tri	
		Harl	ker Heights, Texas 76548	FLORIT 08: 28
			City/State and Zip Code	— <u> </u>
		patte E-mail address:	rsonmichaell@gmail.com (to be used for future annual report notification)	_
For furt	her informat	on concerning this matter, please	•	
		ichael L Patterson	at (254) 423-6507	
	Na	me of Person	Area Code & Daytime Telephone Nur	nber
Enclose	ed is a check	for the following amount:		
\$25.	.00 Filing Fe	e ✓ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed Certified Copy is enclosed	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		gistration Section vision of Corporations D. Box 6327	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&W	Patterson Transport,	LLC Zu	S moderately
(<u>Name of the Limited I</u> (A F	jability Company as it now app Torida Limited Liability Company	y)	A THE PARTY
The Articles of Organization for this Limited Lial Florida document number L120000922	bility Company were filed on _		-9 nd 18nc
This amendment is submitted to amend the follow	ving:	Alba P	m & 00.
A. If amending name, enter the new name of t	he limited liability company l	<u>here</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Cor	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
	+ 1,14n, ,4 1,11 		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	OX)		
Manning numress MAT 192 AT OST OTTTOLD			
B. If amending the registered agent and/or registered agent and/or the new registered offi		n our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	·		
New Registered Office Address:	- <u>-</u>		
	Enter Florida street address		
		, Florida	7: 0 1
	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
Title Name

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michael L Patterson	604 Gazelle Trl Harker Heights, Texas, 76548	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
 	- ;		Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
Dated	5 October ,	2012	
-	Signature of a n	nember or authorized representative of a member	
		Michael L Patterson Typed or printed name of signee	<u>.</u>

Page 2 of 2

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