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TO:

Registration Section
Division of Corporations

CELTIC TRANSPORTATION 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:

YETZABETH ALVAREZ

Name of Person

CELTIC TRANSPORTATION LLC

Firm/Company

7163 W FLAGLER STREET

Address

MIAMI, FL 33144

City/State and Zip Code

alvarez jetza@hotmail.com

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

For further information concerning this matter, please call:

YETZABETH ALVAREZ

,,305,<mark>505-0495</mark>

Name of Person

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 Fec.
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

CELTIC TRANSPORTATION LLC		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our record mited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/19/2012	and assigned
Florida document number L12000093533	<u>.</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2 13
(Principal office address MUST BE A STREET ADDRE	ESS)	HITT I I
		SSEE.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2: 5 REP. 51

B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stro	eet address
	, Flor	
	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>:

MGR = Manager MGRM = Managing Member

<u>Title</u> .	<u>Name</u>	Address	Type of Action
MGRM	JAVIER VASQUEZ	7163 W FLAGLER ST	
		MIAMI, FL 33144	Remove
<u>.</u>			Add
		 -	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
•	
-	
Dated	1//1/2011
	1/1/2012
	, Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00