L12000103247

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(Re	equestor's Name)	1
(Ad	ldress)	
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C. LEWIS

AUG 2 8 2012

EXAMINER

COVER LETTER

TO:	Registration Secti Division of Corpo		Maria da Ma	ř	•1
*		ETINO TO ANOD	·.		
SUBJE	çт: <u>А</u>		PORTAION SERVIC	E LLC	
		Name of Limi	ited Liability Company		
The end	losed Articles of An	nendment and fee(s) are sul	bmitted for filing.		
Please 1	eturn all correspond	ence concerning this matter	r to the following:		
			debaw eilas t	• .	_
			Name of Person		
			·		
			Firm/Company	•	_
			14801 n 19th st		·
			Address		
			Lutz FI 33549		
			City/State and Zip Code		
	•	E-mail address: (to be used for future annual repor	t notification)	
For furt	her information cond	cerning this matter, please of	call:		
	deb	oaw eilas	at (_813)	389 9272 Daytime Telephone Numb	
	Name of Po	erson	Area Code & D	Daytime Telephone Numb	er
Enclose	ed is a check for the f	following amount:			
\$25	00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Certific	filing Fee, cate of Status & ed Copy onal copy is enclosed)

MAILING ADDRESS:

Ý.

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

FILED

12 AUG 27 PM 3: 48

A-Ethio Tre	ensportation	Service	TZNY OZISTATE LISSEL FL ORIDA
(Name of the Limited Liab) (A Flori	ility Company as it now appear da Limited Liability Company)	s on our records.)	,
The Articles of Organization for this Limited Liabilit	y Company were filed on	08/10/2012	and assigned
Florida document number	- L12000103247	7	
This amendment is submitted to amend the following	3 :		
A. If amending name, enter the new name of the l	limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	ODRESS)		
			
Enter new mailing address, if applicable:		*	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	ress
		, Florida	
-	City	, FIULIUA	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 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	Address	Type of Action
MGRM	Lalgo Fekadu D	1139 blufield ave brandon fl 33511	Add ✓ Remove
			Add Remove
	**************************************		Add Remove
			Damosta
			AddRemove
			AddRemove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if	necessary.)
<u></u>			12 AUG 27
	9-8-74-2012,	σ ~ ~	FILED 16. 27 PM 3: 48 17. AFFEE, FLORID
	Signature of a m	ember or authorized representative of a member Debew Syped or printed name of signee	<u> </u>

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Filing Fee: \$25.00