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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Sc Division of Cor			·
		e Transport LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	
The enci	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Brittain R Arias		
		General Lee Transport LL	Name of Person	
		12506 Rain Forest ST	Firm/Company	
		Temple Terrace, FL 33617	Address	
		GL_Adams@aol.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furth	ner information c	oncerning this matter, please ca	all:	
Brittain	R Arias		352 467-9072 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for th	ne 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

General Lee Transport LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Torida document number 1.12000107426		and assigned
his amendment is submitted to amend the following:		
x. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
WCA Transport LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. ~2
Principal office address MUST BE A STREET ADDRESS)		ب ب
		
		0
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		φ. Φ
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la Zip Code
	City	Zıp 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			□ Remove
			□ Change
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ective date, if other than effective date is listed, the date e: If the date inserted in th	must be specific and canno	ot be prior to da	ite of filing or more	(optiona han 90 days after fili quirements, this da	ng.) Pursuant to 605.020
ument's effective date on th				•	
record specifies a dela he 90th day after the	yed effective date, record is filed.	but not ar	n effective time	e, at 12:01 a.m	ı. on the earlier (
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00