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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TROPPORTS CURRENT CORPORT UC 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:
Dovere Ollen Name of Person
TRANSPORTOS CORRELED + CARGO LIC
2090 Un Oath for
Pemberlapines FL 33024
City/State and Zip Code
For further information concerning this matter, please call:
Name of Person at (80) 350 1452 Area Code & Daytime Telephone Number
, and some and an analysis of the source of
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$ \$\text{\$\substack{\text{Certificate}} \text{\$\substack{Certificate}}\$} \$\text{\$\substack{\text{Certificate}} \text{\$\substack{Certificate}}\$} \$\text{\$\substack{Certificate}}\$\$\$ \$\text{\$\substack{Certificate}}\$\$\$\$ \$\text{\$\substack{Certificate}}\$\$\$\$ \$\text{\$\substack{Certificate}}\$\$\$\$ \$\text{\$\substack{Certificate}}\$\$\$\$ \$\text{\$\substack{Certificate}}\$\$\$\$ \$\text{\$\substack{Certificate}}\$\$\$\$\$ \$\text{\$\substack{Certificate}}\$

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certified Copy

(additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed or Florida document number 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 City

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 <u>Name</u> <u>Address</u> **Type of Action** Remove Remove Remove Remove

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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ated	Jecamber 13, 2012
	Signature of a member or authorized representative of a member
	Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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