## L13000001677

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(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Southern Bay 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:

Leon Haynes		
Name of Person		
Firm/Company		
6103 Sand Key Lane		
Address		
Wesley Chapel		
City/State and Zip Code		
leehaynes_22@yahoo.com		

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

For further information concerning this matter, please call:

Leon Haynes

ູ<sub>..</sub>/813ຸ507-9500

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 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

FILED 2013 AUG 14 AM 11: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Southern Bay Transportation, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia Florida document number L13000007477	ability Company were filed on 01/15/20	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered off		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	rida street address
		_, Florida
	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 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

Title MGR	Name Joseph Labbate	Address 20117 Heron Crossing D	Type of Action  Add
		Tampa, FI 33647	Remove
			Add
			Remove
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If amending any other inforn	nation, enter change(s) here: (Attach additional sheets, if necessary.)
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	- Day
/ S	Signature of a member or authorized representative of a member
Leon Haynes	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

