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SECRETARY OF STATE

FILED

COVER LETTER

·_ • • •			
TO: Registration Sec Division of Corp			
SUBJECT:	Turner Tra	ed Liability Company	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
		Name of Person	
	Turner	Transport L.L.C. Firm/Company	<u> </u>
	5828 Con	nell Rd Address	
	Plant City,	City/State and Zip Code Coort @ Value (OM be used for future annual report notification	
	E-mail address: (to	be used for future annual report notificati	on)
For further information co	ncerning this matter, please ca	all:	
<u>Nemetrius</u> Name of	Turner	at (8/3) 532-774. Area Code & Daytime Te	Selephone Number
Enclosed is a check for the	e 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

MAILING ADDRESS:

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

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lurner Iransport 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 Liability Company were filed on <u>04-03-2013</u> and assigned
• • • • • • • • • • • • • • • • • • • •
Florida document number 4/3000049005
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Turner Transport LLC.
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)
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
, Florida _ =
CityZip 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 encument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited limited limited 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 <u>Address</u> **Type of Action Title** <u>Name</u> Remove Remove Remove Remove Remove Remove

amending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	
1	
	Dometrue Zun- Signature of a member or authorized representative of a member
	Cometine Cun
	Signature of a member or authorized representative of a member
	Demetrius Turner Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00