

L13000076662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

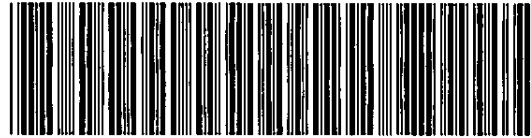
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 SEP 29 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Guzman OCT 14 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Husky Cargo, 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:

**Dwayne Pass**

Name of Person

**Husky Cargo, LLC**

Firm/Company

**315 Bartow Municipal Airport**

Address

**Bartow, FL 33830**

City/State and Zip Code

**dpass@huskycargo.com**

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

For further information concerning this matter, please call:

**Edward L. Young, Jr., ESQ** at **813 651-4242**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Husky Cargo, 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 May 28, 2013 and assigned  
Florida document number 13000076662.

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)**

315 Bartow Municipal Airport

Bartow, FL 33830

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

315 Bartow Municipal Airport

Bartow, FL 33830

**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:

12205 Water Mist Court

Enter Florida street address

Riverview

City

, Florida 33569

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dwayne Pass	315 Bartow Municipal Airport	<input checked="" type="checkbox"/> Add
		Bartow, FL 33830	<input type="checkbox"/> Remove
AMBR	Dwayne Pass	209 Glenn Bass Road	<input type="checkbox"/> Add
		Fitzgerald, GA 31750	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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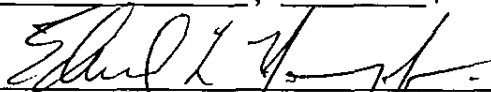
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 24, 2014



Signature of a member or authorized representative of a member

Edward L. Young, Jr., Esq.

Typed or printed name of signee

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Filing Fee: \$25.00

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