

L130000 94489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 JAN 10 PM 1:59  
TALLAHASSEE, FLORIDA

N. Gulligan JAN 14 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FD&S 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:

Terra Anderson

Name of Person

FD&S Transportation, LLC

Firm/Company

12165 Metro Pkwy #7

Address

Fort Myers, FL 33966

City/State and Zip Code

terraanderson@yahoo.com

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

For further information concerning this matter, please call:

Terra Anderson

Name of Person

at 239 590-5731

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  
2014 JAN 10 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FD&S 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 Liability Company were filed on 7/1/2013 and assigned  
Florida document number L13000094489.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Gulfshore Trucking, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12165 Metro Pkwy #7

Fort Myers, FL 33966

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12165 Metro Pkwy #7

Fort Myers, FL 33966

**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:

Terra Anderson

New Registered Office Address:

12165 Metro Pkwy #7

*Enter Florida street address*

Fort Myers

Florida 33966

*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 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.*

Terra Anderson  
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>
MGR	David Plonski	5690 Harborage Dr	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33908	<input type="checkbox"/> Remove
MGR	Terra Anderson	6821 Broken Arrow Rd	<input checked="" type="checkbox"/> Add
		Ft Myers, FL 33912	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 1, 2014



Signature of a member or authorized representative of a member

Terra Anderson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2014 JAN 10 PM 1:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA