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(C	ity/State/Zip/Phone	e #)		
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2615 Unit -9 PN 3:54

DEC 1 2 2013

**EXAMINER** 

## **COVER LETTER**

FO: Registration Sect Division of Corpo		
SUBJECT: _	SKY TRANS LOGISTICS, LLC	
	Name of Limited Liability Company	
Fh	wardward A Corta and A Corta	
ine enclosed Articles of Af	mendment and fee(s) are submitted for filing.	
lease return all correspond	dence concerning this matter to the following:	
	CARRALERO, YITSY	
	Name of Person	_
	SKY TRANS LOGISTICS, LLC	
	Firm/Company	<del></del>
	5912 IDLE FOREST PL	
	Address	-
	TAMPA, FL 33614	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	. हैं. जार
For further information con	cerning this matter, please call:	or or
YITSY CARI	DALEDO 407 250 0756	
	at ()	
Name of P	Person Area Code & Daytime Telephone Numb	er

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

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

## STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certificate of Status & Certified Copy

(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

	City		Zip Code
<u> </u>		, Florida	
New Registered Office Address:	Enter Florida street address		
Nav. Dagistared Office Address.			
Name of New Registered Agent:			
	<del></del>		
B. If amending the registered agent and/or regist registered agent and/or the new registered office additional additional and agent and and agent and agent and agent agent and agent and agent a		n our records, <u>enter</u>	the name of the n
			<b>F F</b>
	<u></u>		<u>6</u> &
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			SS 19
		<u> </u>	
(Principal office address MUST BE A STREET ADDR	(ESS)		= 100
Enter new principal offices address, if applicable:			
L.L.C."			
The new name must be distinguishable and end with the wor	ds "Limited Liability Con	npany," the designation '	'LLC" or the abbrevia
a ir amending name, <u>enter the new name of the min</u>	sed habitty company	<del>lere</del> .	
A. If amending name, <u>enter the new name of the limi</u>	ited lighility company )	iere,	
This amendment is submitted to amend the following:			
Torica document number	<b></b> •		
Florida document number L13000103309	ompany were med on _		und ussigned
The Articles of Organization for this Limited Liability C	ompany were filed on	07/22/2013	and assigned
( <u>Name of the Limited Liability</u> (A Florida L	Limited Liability Company	y)	
(Name of the Limited Liability	Company as it now ann	ears on our records )	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records;

MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> **Address** 5912 IDLE FOREST PL MGR HERNANDEZ, ANA H TAMPA, FL 33614 Remove Remove Remove Remove Remove

D. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
DECEMBER 03	2013
Dated DECEMBER 03	
	Minh
Signatu	re of a member or authorized representative of a member
	YITSY CARRALERO
	Typed or printed name of signee
	Page 3 of 3

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Filing Fee: \$25.00

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