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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Honest Transport UC 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: |
| Blair Smith |
| Hones + Transport LCC |
| 1890 Wood and Circle # 208 |
| Vero Beach FL 32467 City/State and Zip Code hl circula / FD 2 6 (10 hor Course) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Blair Smith at (772) 453 - 1350 Name of Person Area Code Daytime Telephone Number |
| |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee Scrifficate of Status S25.00 Filing Fee Scriffied Copy (additional copy is enclosed) S25.00 Filing Fee Scriffied 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

| Name of the Limiter | Sartation LLC d Hability Company as it now appears on our records.) |
|---|---|
| () | A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Lia | |
| , • | • |
| This amendment is submitted to amend the follow | wing. |
| A. If amending name, enter the new name of t | the limited liability company here: |
| | |
| The new name must be distinguishable and contain the wo | rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | hia: |
| • • | |
| (Principal office address MUST BE A STREET | ADDRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE B | OX) |
| | |
| | 5 .0 |
| ., | r registered office address on our records, enter the name of the new |
| registered agent and/or the new registered offi | ice address here: |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | For Edition |
| | Enter Florida street address |
| | , Florida |
| | City Zin 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title Address Type of Action <u>Name</u> 1890 Woodland Circle#208 - Add VeroBeach, FL 32967 ☐ Change □ Add □ Remove ☐ Change _□ Add Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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| fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more that ote: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records. | (optional) n 90 days after filing.) Pursi | | |
| e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed. | at 12:01 a.m. on th | ne earl | lier c |
| $\frac{12/07/18}{0.00000000000000000000000000000000000$ | | | |
| Signature of a member or authorized representative of a me | ember | | |
| 21- 0-4 | | | |

Page 3 of 3

Filing Fee: \$25.00