

L13000110844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

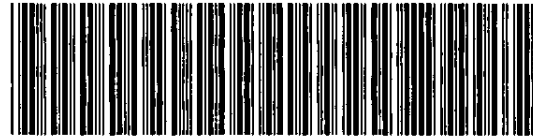
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your TransPro, 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:

Chance Boyd
Name of Person
Complete Custodial Solutions, LLC
Firm/Company
P.O. Box 4381
Address
Brandon, FL 33509
City/State and Zip Code
chanceboyd226@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Chance Boyd at (813) 408-0870
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2013

CHANCE BOYD
P.O. BOX 4381
BRANDON, FL 33509

SUBJECT: YOUR TRANSPRO, LLC
Ref. Number: L13000110844

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

The amendment form must be completed in it's entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Gretchen Harvey
Regulatory Specialist II Supervisor

Letter Number: 313A00027546

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

13 DEC 16 PM 4:50

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Your TransPro, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
CLERK OF CIRCUIT COURT
JANUARY 16 2014
TALLAHASSEE, FLORIDA

13 DEC 16 PM 4:50

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AND
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The Articles of Organization for this Limited Liability Company were filed on Aug 6, 2013 and assigned
Florida document number L13000110844.

This amendment is submitted to amend the following:

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

Complete Custodial Solutions, 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)

10308 Marsh Harbor Way
#4
Riverview, FL 33578

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 4381
Brandon, FL 33509

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:

Chance Boyd

New Registered Office Address:

10308 Marsh Harbor Way #4
Enter Florida street address.

Riverview, Florida 33578
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 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.

Chance J. Boyd
If Changing Registered Agent, Signature of Not Registered Agent

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:

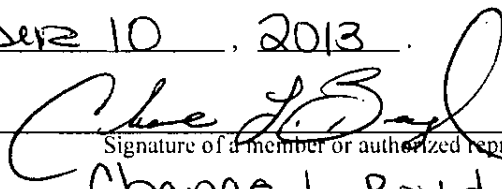
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Chance L. Boyd	10308 Marsh Harbor Way #4 Riverview, FL 33578	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		10308 Marsh Harbor Way #4	
MGRM	Keisha M. Pickett	Riverview, FL 33578	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

Dated December 10, 2013.



Signature of a member or authorized representative of a member

Chance L. Boyd

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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