L13000112412

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NAME SEED FLORIDA

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: COLON TRASNPORT 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:

ALEXANDER COLON
Name of Person
Colon Transport LLC
Firm/Company
1826 Windchester Ct
Address
Saint Cloud, FL 34771
0'. 0 17' 0 1

City/State and Zip Code

floridatruckcenter@gmail.com

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

For further information concerning this matter, please call:

Alexander Colon	407 749-3087	
Name of Person	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

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COLON TRASNPORT LLC SEGRETARIO OF STATE FALLARIASSEE, FLORIDA

(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 08/08/2013	and assigned
Florida document number L13000112412		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	sility company here:	
COLON TRANSPORT LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1826 Windchester Ct	
(Principal office address MUST BE A STREET ADDRESS)	St Cloud, FL 34771	
Enter new mailing address, if applicable:	1826 Windchester Ct	
(Mailing address MAY BE A POST OFFICE BOX)	St Cloud, FL 34771	

B. If amending the registered agent and/or registered o	ffice address on our records, enter	the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New 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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member, being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Pr	NEGRON, LARRY	1871 Ridgeway rd rt 571	= Add
		Toms River, NJ 08757-2235	□ Remove
Vp_	COLON, ALEXANDER	1826 Windchester Ct	■ Add
		St Cloud, FL 34771	Remove
Sc	Mendoza, Carol	1826 Windchester Ct	= Add
		St Cloud, FL 34771	□ Remove
			□ Remove
			Add
			□ Remove
			□ Add
			□ Remove

). If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· ' <u>'</u>	
Effective	e date, if other than the date of filing: (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
(The effective	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
me date in	
Dated	January 23 2014 //
	Signature of a member or authorized representative of a member
	Noemi Figueroa
	Typed or printed name of signee

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Filing Fee: \$25.00

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