13000116416

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	<u> </u>
(Cil	ty/State/Zip/Phone	<i>#</i>)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section
Division of Corporations

Subject: Intermodal Leasing, 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:

Christopher G. Cogan

Name of Person

Intermodal Leasing, LLC

Firm/Company

1384 Harbor Drive

Address

Sarasota, Florida 34239

City/State and Zip Code

c.cogan@a32v.com

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

For further information concerning this matter, please call:

Chris Cogan

_{...}407\340-8808

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

Intermodal Leasing, LLC			
(Name of the Limited L (A F	iability Company as it now appears on our recolorida Limited Liability Company)	ords.)	
The Articles of Organization for this Limited Lial Florida document number L13000116416			
This amendment is submitted to amend the follow	ving:	=	
A. If amending name, enter the new name of t	he limited liability company here:	13 AUG	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the design	gnation "Life" or the abbreviation	
Enter new principal offices address, if applical	ole:	<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)	5	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		orida	
	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.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action 1384 Harbor Drive Christopher G. Cogan **MGRM** Sarasota, FL 34239 Remove Remove Remove Remove

Almee D. Cogan v	will be the only MGRM and will s	erve as Presider
<u> </u>		
August, 28		· -
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Olin	gnature of a member or authorized representative of	f`a member

Page 3 of 3

Filing Fee: \$25.00

