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B. BOSTICK SEP **1 7** 2014

EX PATHER

COVER LETTER

TO: Registration Secti Division of Corpo	on rations				
SUBJECT:	LTP Tra	nsport 11c ted Liability Company			
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.			
Please return all correspond	ence concerning this matter t	to the following:			
		Name of Person		•	
		Firm/Company		-	
		Address		-	
		City/State and Zip Code			ales and a second
	E-mail address: (to	o be used for future annual report no	tification)		C
For further information con-	cerning this matter, please ca	dl:			<u> </u>
YCnira Name of Po	Govz alez	at (<u>407</u>) 7 49 Area Code Dayti	ソー シしンC mc Telephone Number		تُ
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)	Certified	te of Status &	

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 Limited Lightli	ty Company of it now appears an our records)
(A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $10-9-13$ and assigned 399
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and end with the words "Lin	mited 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 ADDI	<u>RESS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	4 5 t
	stered office address on our records, enter the name of the ne
registered agent and/or the new registered office add	ress here:
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:

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 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, **Address Type of Action** <u>Title</u> <u>Name</u> Javier F. Rodriguez 2720 callaway In MAdd MGR-□ Add □ Remove _□ Add ☐ Remove □ Add □'Remove T ☐ Add ☐ Remove □ Add ☐ Remove

, ,	
	he date of filing:(optional annot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State)
date this document is filed by the	
late this document is filed by the	Florida Department of State)
late this document is filed by the	Florida Department of State)

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Filing Fee: \$25.00