

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAMILY TEAM Transport 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:

YASSER MESA
Name of Person
FAMILY TEAM Transport LLC
Firm/Company
91940 OVERSEAS HWY, Ste 3
Address
TALLAHASSEE, FL 32307
City/State and Zip Code
YASSER.MESA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YASSER MESA at (305) 360-0891
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

FILED
2014 JAN 14 PM 3:19
TALLAHASSEE FL
STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Family Team Transport LLC

(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 10/18/13 and assigned
Florida document number L 13000147435.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevi-
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the
registered agent and/or the new registered office address 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 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 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

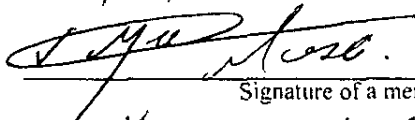
MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of /
MGR	YASSER MUSA	91940 WILSON HWY, TAVELINE FL 33070	<input checked="" type="checkbox"/> R
MGR	ALAN MURPHY	91940 WILSON HWY, TAVELINE FL 33070	<input type="checkbox"/> A <input checked="" type="checkbox"/> R
			<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> R

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 6, 2014.



Signature of a member or authorized representative of a member

YASSER MOSA, President/MANAGER

Typed or printed name of signee

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Filing Fee: \$25.00

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