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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Efficient Transportation 9 Haulage Services UC 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:
Laille Petgrave Barnes
Efficient Transportation & Haulage Services LLC Firm/Company
3000 NW 42nd Ave, Apt B-101
Coconut Creek, FL 33066 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ranco Petgrave-Barnes at (954), 593-9210 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$\text{Solon Filing Fee} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\

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

TO ARTICLES OF ORGANIZATION OF

KICIEN (VANS DOO LAND OF LIMITED LIMIT	How age Jovice Ny as it now appears on our records.)	es LLC
The Articles of Organization for this Limited Liability Company Florida document number <u>L 13000 (52198</u>	were filed on $10/29/13$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabi	lity Company. The designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		A 102
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/K	SP-0 F
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent: New Registered Office Address:	NA	
New Registered Office Address.	Enter Florida street address	
	, Florid	la
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I	am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confifm that the limited liability

company has been notified in writing of this change.

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u> AMBL	Name Lebert Henry	Address 333 SE 17th Ave, Aft 20 Pompano Beach FL 33060	Type of Action Add Remove
			□ Add
		>\ \frac{2}{2} \frac{2}{2}	<u> </u>
		الختز	- Remove
			□ Add □ Remove
			□ Add □ Remove

			<u>.</u>		
Effective (date, if other than the	e date of filing:	of receipt or tiled dat	e and cannot be more	(optional)
the date this	s document is filed by the Fl	lorida Department	of State)		
Dated	Mayust .	<u>« ></u>	CIAT.		
		Signature of a mo	paties or authorized	representative of a m	onber

Page 3 of 3

Filing Fee: \$25.00

