L13000157583

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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name change

COVER LETTER

	sistration Section Section of Con				
SUBJECT:	Falcon 1	Fransport Services LLC			
SOBOLCI.		Name of Lin	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	·	
Please return	all correspo	ondence concerning this matter	to the following:		
		Arthur W Brown			
			Name of Person	····	
				· .	
			Firm/Company		
		2621 Coachlite Dr			15 APR 28
			Address		
		New Port Richey, Fl	_ 34655		65
			City/State and Zip Code		
		wbrown029@gmail.c	om to be used for future annual report noti	(figation)	် (သ (မ)
For further in	iformation c	oncerning this matter, please co	•	incationy	(A)
Arthur W	Brown		727 859-3091		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a	check for the	he following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS;	

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



March 27, 2015

ARTHUR W BROWN 2621 COACHLITE DR NEW PORT RICHEY, FL 34655

SUBJECT: FALCON TRANSPORT SERVICES LLC

Ref. Number: L13000157583

We have received your document for FALCON TRANSPORT SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

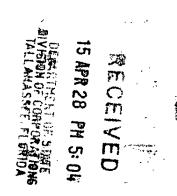
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 015A00006161

CALLED NUMBER ABOVE & WAS X INSTRUCTED TO WHITE OUT EFFECTIVE DATE & RETURN



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Falcon Transport Services LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000157583	were filed on 11/08/2013	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:	
44 Freight LLC		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Fig. 5
(Principal office address MUST BE A STREET ADDRESS)		日 日
		73
		-0
Enter new mailing address, if applicable:		and the second s
(Mailing address MAY BE A POST OFFICE BOX)		ં
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		iter the name of the nev
	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agent:		DIP Come
	A CALL STATE TENAL	
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 being filed to merely reflect a change in the registered office	performance of my duties, and I irovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>itle</u>	Name	Address	Type of Actio
			□ Add
	•		□ Remove
		-	□ Add
			Remove
			□ Add
			☐ Remove
			
		-	☐ Add
			Remove
			
		-	Add
			□ Remove
			
_			Add
			Remove

) If amending any other information,	enter change(s) here: (Attach a	additional sheets, if necessary.)
•		
		_
Effective date, if other than the date (The effective date must be specific, cannot be put the date this document is filed by the Florida I	of filing: rior to date of receipt or filed date and co Department of State)	(optional) annot be more than 90 days after
Dated Febrruary 26	2015	
Out in	Jan Be	
Signa	ture of a member or authorized represer	ntative of a member
Managing member		
	Typed or printed name of sig	nee

Page 3 of 3

Filing Fee: \$25.00

15 APR 28 PH 1: 33