

JUL-23-2014 02:32

N.B.C.

001

# L13000170518

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000174113 3)))



H140001741133ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : NATIONS BUSINESS CENTER, INC.  
Account Number : I20000000238  
Phone : (305) 591-9448  
Fax Number : (954) 753-3447

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

14 JUL 22 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NCA TRANSPORTATION LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUL 22 AM 8:26

FILED

Electronic Filing Menu

Corporate Filing Menu

Help  
JUL 23 2014

**T. HAMPTON**

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

**NCA TRANSPORTATION LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
14 JUL 22 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_

Florida document number L13000170518

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 abbreviation "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) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGRM	THEOPHILE CASSANDRA	8001 NW 37TH DRIVE	<input type="checkbox"/> Add
------	---------------------	--------------------	------------------------------

		CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Remove
--	--	------------------------	--

			<input type="checkbox"/> Add
--	--	--	------------------------------

MGR	RIGG BRITTAY	6206 NAVAJO TERRACE	<input type="checkbox"/> Add
-----	--------------	---------------------	------------------------------

		MARGATE FL 33063	<input checked="" type="checkbox"/> Remove
--	--	------------------	--

MGRM	WILLIAMS TRAVIS	8001 NW 37TH DRIVE	<input checked="" type="checkbox"/> Add
------	-----------------	--------------------	---

		CORAL SPRINGS FL 33063	<input type="checkbox"/> Remove
--	--	------------------------	---------------------------------

MGR	THEOPHILE YOLETTE	401 NE 121ST	<input checked="" type="checkbox"/> Add
-----	-------------------	--------------	---

		N MIAMI FL 33161	<input type="checkbox"/> Remove
--	--	------------------	---------------------------------

14 JUL 22 AM 8:26  
SEAL OF THE  
STATE OF FLORIDA  
TALLAHASSEE

FILED

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)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 22, 2014.



Signature of a member or authorized representative of a member

TRAVIS WILLIAMS MGRM

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 JUL 22 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA