## L14000010108

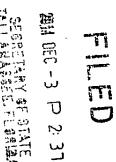
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B. BOSTICK
DEC 11 2014
EXAMINER

## **COVER LETTER**

TO: Registration Security Division of Corp		al Company	<b>*</b>
	NS TRANSPORTATIO	N GROUP LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Michael P Solomon		
		Name of Person	
	VETERANS TRANS	SPORTATION GROUP LLC	
		Firm/Company	<del></del>
	3017 Ravenswood I	Road #103	
		Address	
	Fort Lauderdale, FL	33312	
	`	City/State and Zip Code	99.20 1 gram
	msolomon@usatrans	•	me
	E-mail address: (	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please co	all:	TAIL 2:
Michael P Solomor	1	954 241-8102	
Name of	Person		Telephone Number
Enclosed is a check for th	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## **VETERANS TRANSPORTATION GROUP 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 Florida document number <u>L14000010108</u>	were filed on 01/24/14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>(</del>
(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 or registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del> </del>	, Flor	
	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>	Type of Action
AMBR	KENNETH C JENNE	1330 SE 4TH AVE, SUITE A	
		FORT LAUDERDALE, FL 33316	■ Remove
			□ Add
		<del>.</del>	Remove
			□ Add
			Remiove
			Add 2
			□ Add
		**************************************	□ Add
			□ Add
			□ Remove

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
<del></del>	
Effective (The effection the date the	e date, if other than the date of filing:
ъ., . N	ovember 24 2014
Dated	· · · · · · · · · · · · · · · · · · ·
	Michael P Solomon
	Signature of a member or authorized representative of a member
	Michael P Solomon
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

TATE 14 ANTIBESS TO THE