

L14000014290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

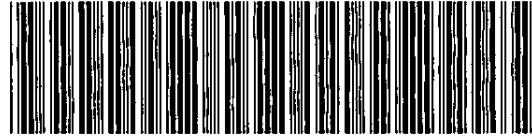
(Business Entity Name)

(Document Number)

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FILED  
15 JUN -4 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN -4 2015

T. HAMPTON

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Legacy Shuttle Services L.L.C.  
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:

Tenekhin Vladimir

Name of Person

Firm/Company

330 Vining way Blvd 11207

Address

Destin FL 32541

City/State and Zip Code

vovg.tenekhin@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tenekhin Vladimir

Name of Person

at (704)

Area Code

661 8538

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2015

TEREKHIN VLADIMIR  
330 VINNINGS WAY BLVD #11207  
DESTIN, FL 32541

SUBJECT: LEGACY SHUTTLE SERVICES, LLC  
Ref. Number: L14000014290

We have received your document for LEGACY SHUTTLE SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration Section.

Letter Number: 215A00008510

4/14/15  
10 01002  
015

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

Legacy Shuttle Services 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 01/27/2014 and assigned Florida document number L14000014290

This amendment is submitted to amend the following:

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

TRK Transport LLC

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)

330 Vinings way Blvd  
apt 11207  
Destin FL 32541

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

330 Vinings way Blvd  
apt 11207  
Destin FL 32541

**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 \_\_\_\_\_

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TALLAHASSEE, FLORIDA



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

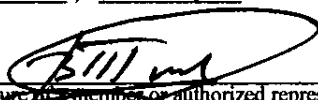
E. Effective date, if other than the date of filing: <sup>V.P.</sup> 04/06/2015 (optional)

(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

04/06, 2015

Signature of member or authorized representative of a member



Tenekhin Vladimir

Typed or printed name of signee

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15 JUN -4 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA