

L14000058075

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Second chance transport LLC
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:

Cachina Gordon
Name of Person

SCT Logistics LLC
Firm/Company

14347 NW 160th Lane
Address

Alachua FL 32615
City/State and Zip Code

SCTLLC14@yahoo.com
E-mail address: (to be used for future annual report notification)

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

James Hatcher at (352) 999-5794
Name of Person Area Code 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

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

SCT Logistics 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 4/8/2014 and assigned Florida document number L14000058075.

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:

James Hatcher IV

New Registered Office Address:

14347 NW 160th Lane

Enter Florida street address

Alachua

City

Florida

32415

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>
<u>CEO</u>	<u>James Hatcher IV</u>	<u>14347 NW 160th</u>	<input type="checkbox"/> Add
		<u>Lane Alachua, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32615</u>	
<u>CEO</u>	<u>Cachina Gordon</u>	<u>14347 NW 160th</u>	<input checked="" type="checkbox"/> Add
		<u>Lane Alachua FL</u>	<input type="checkbox"/> Remove
		<u>32615</u>	
<u>MGR</u>	<u>James Hatcher</u>	<u>14347 NW 160th Lane</u>	<input checked="" type="checkbox"/> Add
		<u>Alachua, FL 32615</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FL 32301

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

None

E. Effective date, if other than the date of filing: 5/1/2014 (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 5/1/2014



Signature of a member or authorized representative of a member

James Hatcher IV

Typed or printed name of signee

CLERK OF COURT
TALLAHASSEE, FLORIDA

2014 MAY -5 PM 2:30

FILED

352 299 5794

14347 NW 160th Lane

Alachua FL 32615

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SOUTHERN FLORIDA
TALLAHASSEE FL 32309

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