L14000062987

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2014

CHRISTINA ROMAN 6530 SW 5TH ST PEMBROKE PINES, FL 33023

SUBJECT: COUNTY LINE DELIVERY SERVICES LLC

Ref. Number: L14000062987

We have received your document for COUNTY LINE DELIVERY 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P12000097310.

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) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 314A00009527

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	nty line I Name of Limi	Delivery Servited Liability Company	ices, LLC
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	<u>Christ</u>	ina Roman Name of Person	
		Firm/Company	
	10530 54	15-thst	201
	0 3 30 300	Address	
	Pambrolle	Dines, Fl. 330	23
	E-mail address: (t	CALGO Q 900 to be used for future annual report notatife	mail. Com
For further information co	ncerning this matter, please ca		
_ Christin	a Roman	at (305) 310 5	713
Name of	Person	Area Code Daytime T	Celephone Number
Enclosed is a check for the	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)
	NG ADDRESS:	STREET/COURIE	R ADDRESS:
	tion Section of Corporations	Registration Section Division of Corporat	ions
P.O. Box		Clifton Building 2661 Executive Cent	

Tallahassee, FL 32301

May 22, 2014

FLORIDA DEPARTMENT OF STATE Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314

I, Christina Roman President of County Line Cargo, Inc. have no intention of reinstating this entity. Therefore, releasing the name for use to another entity. The document number in conflict is P12000097310.

Sincerely,

Christina Roman

6530 SW 5th Street

Pembroke Pines FL. 33023

2014년 28 원 2:51

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ny Services U	C	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our diability Company)	records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>LIHOCOU 29</u> 18	ny were filed on $04/17$	7 14 and assigne	d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	LC	on "LLC" or the abbreviation "L.L.C	97
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	
		2614	
Enter new mailing address, if applicable:		1,2	·-···
(Mailing address MAY BE A POST OFFICE BOX)		57 N	
		FIG. 30	
	\		į.,
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ecords, enter the name of t	<u>he new</u>
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:

			
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Filing Fee: \$25.00