7/2/2014



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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Account Number : 120090000020 : (941)917-0505 Fax Number : (941)917-0506

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

GO TRANSPORTATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

J. SHARES

Audit #(((H14000158660 3)))

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

GO TRANSPORTATION, LLC					
(Name of the Limited Liability (A Florida Li	Company as it now appea mited Liability Company)	rs on our records	J		
The Articles of Organization for this Limited Liability Com- Florida document number <u>L14000101510</u>	npany were filed on 6/2	24/2014 effective	6/20/2014 au	nd assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liability company h	ere:			
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the	designation "LLC	" or the abbrevia	ition "L.L	"C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES	<u> </u>				
				4	
Enter new mailing address, if applicable:			24 E)		· DENOTE.
(Mailing address MAY BE A POST OFFICE BOX)			2007 1008 1008		्री 
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	11	•	문문		especial control
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address of is here:	n our records,	enter the in	nine oi	the nev
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flo	rida street address			
	<u> </u>	, Flo	ride		
	City		Zip	Code	
New Registered Agent's Signature. If changing Registered A	gent:				

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.

MGR = Manager

Audit #(((H14000158660 3)))

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:

	Name	Address	Type of Action
<del></del>			
			☐ Remove
			□ Remove
		-	Remove Remove
~			Add,
	•		□ Remiove
			E E
			Add
			Remove
<del></del>			Add
			☐ Remove

Audit #///#14000158660 3)))

MULT # ( ( ( M 1 4 0 0 0 1 3 0 0 0 0 0 3 ) ) )	
If amending any other information, enter change(s) here: (At New mailing and principal addre	
6284 McIntosh Rd.	
Sarasota, FL 34238	
Effective date, if other than the date of filling:  (The effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	o and cannot be more than 90 days after
Dated July 2 2014 .	
Dated ————————————————————————————————————	
Signalure of a normber or authorized i	/

Gregory S. Band, Esq., Authorized Representative of a Member
Typed or printed name of signee

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Filing Fee: \$25.00

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