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# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

/   Ioii Free: 844-341-0/92
DATE: 3/7/16 WALK IN
ENTITY NAME: Go Transportation Management, LLC
ENTITY NAME: Go Transportation Management, LLC  Document # 2 14 000 130 644
**PLEASE FILE THE ATTACHED AND RETURN:**
Plain Copy
Certified Copy
· · · · · · · · · · · · · · · · · · ·
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:**
Document Number:
Certified Copy of Arts & Amendments
Certificate of Good Standing
**APOSTILLE'/NOTARIAL CERTIFICATION:**
COUNTRY OF DESTINATION
NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED: \$25.00
CHECK NUMBER:
PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS
MATTER.
Thank you!  Tina Goff, President
Tina Goff, President

## **COVER LETTER**

Division of Cor	porations		
Go Transpo	ortation Management, LLC		
SOBSECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mitchell	Blumenthal	
		Name of Person	
		Firm/Company	
	2151 t	Dog kennel kd.  Address	
		Address	······································
	Sakasota, Blumente	FL34240	
	Blumenbe	FL34240  City/State and Zip Code  Lztzu @ aMail. Coll  (to be used für future funnual report notif	<u> </u>
		•	ication)
For further information co	oncerning this matter, please c	all:	
Sarah E. Filler (paralegal	)	312 207-3929	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	•		
⚠ \$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

TO:

**Registration Section** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code		
	, Florida	77	<u>+</u>	
	Enter Florida street address	S <sub>2</sub>	8: -	÷.,
New Registered Office Address:			AM	[7
Name of New Registered Agent:		— Ci m	7	- '
			25	f 1
registered agent and/or the new registered office address her		25	MAR	
B. If amending the registered agent and/or registered of	ffice address on our records, enter	the name	o <b>(St</b> h	е печ
(Malling address MAY BE A POST OFFICE BOX)	1, 1			
Enter new mailing address, if applicable:	See principal office	add	kess	,
(Principal office address MUST BE A STREET ADDRESS)	Saleasota, FL 342	<u> </u>		
Enter new principal offices address, if applicable:	2151 DOG KENNEL PO	<u>4.</u>		<del></del>
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abi	f	L.C.	
Blumenberry Transportation Management, LLC	De Community of the Com	7 .7 .467	Y 0 11	_
A. If amending name, enter the new name of the limited liab	ility company here:			
This amendment is submitted to amend the following:				
Florida document number L14000130644				
The Articles of Organization for this Limited Liability Company	were filed on August 20, 2014	and ass	igned	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)			
Go Transportation Management, LLC				

#### 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

MGR = Manager AMBR = Authorized Member Title **Name** <u>Address</u> **Type of Action** Dean Mattheus □ Add Remove \_□ Change Mitchell Blumenthal □ Remove Change □ Add □ Remove Change 5 □ Add □ Remove 80 □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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	of filing or more than 90 days after filing.) Pursuant to 60	95.0207 (3 sted as th
fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date ote:  If the date inserted in this block does not meet the applicable state occument's effective date on the Department of State's records.	,	
an effective date is listed, the date must be specific and cannot be prior to date oce: If the date inserted in this block does not meet the applicable standard seffective date on the Department of State's records.  The record specifies a delayed effective date, but not an efficiency of the seffective day after the record is filed.		ier of:
an effective date is listed, the date must be specific and cannot be prior to date oce: If the date inserted in this block does not meet the applicable standard seffective date on the Department of State's records.  The record specifies a delayed effective date, but not an efficiency of the seffective day after the record is filed.		ier of:
an effective date is listed, the date must be specific and cannot be prior to date oce: If the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an expectation of the cannot be recorded by the cannot be prior to date.	ffective time, at 12:01 a.m. on the earl	ier of:

Page 3 of 3

Filing Fee: \$25.00