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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEURETARY OF STATE
TALL AHASSEE FLORIBA

D. ERVOE

COVER LETTER

TO: Registration Se					
SUBJECT: FA	ID Trans Por	T LLC ited Liability Company			
	Amendment and fee(s) are sub	-			
	TVETTE (DE JE SUS Name of Person			
	FND TI	CINSPORT, LLC			
	907 60	SCONU CT Address		- 21	· .
	Kissimmer FNDtran	City/State and Zip Code SPORTFL@gmail to be used for future annual poort notifi	1. Com	2014 DEC 30 PM 4: 45 SECRETARY OF STATE TALLAHASSEE FLORID	TIME
	oncerning this matter, please ca		5.0.4	STATE FLORIDA	O
Name of	SJSSUS Person	at (401) 433 Area Code Daytime	8264 Telephone Number		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

(Name of the Limited I	JY(INSPORT LLC. iability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	
Florida document number <u>L14000 1703 1</u>	<u></u> .
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	X)
	AND B
B. If amending the registered agent and/or	registered office address on our records, enter the name of the new address here:
registered agent and/or the new registered office	
Name of New Registered Agent:	REST TO
-	5 5
New Registered Office Address:	Enter Florida street address
	Enter Frontal 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:

MGR = 'Manager

AMBR = Authorized Member Title Name Address Type of Action Michael DEJESUS 1600 magnolia. Lane 0 Add Coo West Palm Beach, FL & Remove 33417 AMBRY IVETTE DEJESUS 907 Gascony CT Wadd Kissimmel, FL 34759 Remove (EQ_ LUETTE DEJESUS 907 Gascony OT - Add KISSIMMUL, FL 34159 X Remove ☐ Remove ☐ Remove

D. II amei	nging any otner intorn	auon, enter change(s) n			·····/	•
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Page 3 of 3

Filing Fee: \$25.00

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