

L1400070588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

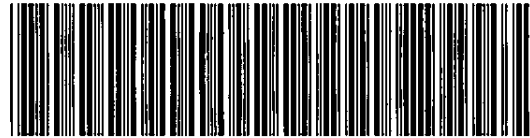
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/14/14--01040--012 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JAN -2 AM 9:22

FILED

J. Shivers JAN 05 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2014

DAMIEN LEWIS
661 NW 65TH TERR
MARGATE, FL 33063

SUBJECT: ACTIVE TRANSPORT LLC
Ref. Number: L14000170988

We have received your document for ACTIVE TRANSPORT 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00024734

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Active 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:

Damien Lewis
Name of Person

Active Transport LLC
Firm/Company

661 NW 65th Terrace
Address

Margate, FL 33063
City/State and Zip Code

Active Transport@Outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damien Lewis at (786) 258-0923
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**

Activetransport 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 11-3-14 and assigned Florida document number L14000170989.

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:

Syrrona Goodc

New Registered Office Address:

661 NW 65th Terr

Enter Florida street address

Margate

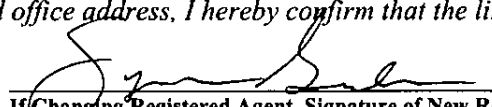
, Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Shakour Lewis	661 NW 65 Ter	<input type="checkbox"/> Add
		Margate FL 33063	<input checked="" type="checkbox"/> Remove
MGR	Damian Lewis	661 NW 65 Ter	<input checked="" type="checkbox"/> Add
		Margate FL 33063	<input type="checkbox"/> Remove
	Damian Lewis	661 NW 65 Terr.	<input type="checkbox"/> Add
		Margate, FL 33063.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove


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

Removed incorrect spelling of first
name and added as correct
Correct: Damian
Incorrect: Damien
Please change letter "E" to the letter "A".

E. Effective date, if other than the date of filing: _____ (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 12-16-14, _____.


Signature of a member or authorized representative of a member
Damian Lewis
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA