

L14000182006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

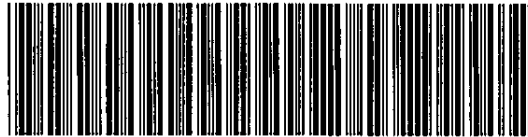
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 16 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALTA'S 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:

GLENN E. GUFFEY

Name of Person

ALTA'S TRANSPORT, LLC.

Firm/Company

45 EPPINGER DRIVE

Address

PORT CHARLOTTE, FLORIDA 33953

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLENN GUFFEY

941 587 6833
at ()

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

ALTA'S TRANSPORT LLC


 Notary Public State of Florida
 Michael A Lamarca
 My Commission FF 178115
 Expires 12/08/2016

TN. 054287216

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	GLENN E. GUFFEY	45 EPPINGER DR	<input checked="" type="checkbox"/> Add
		PORT CHARLOTTE, FL. 33953	<input type="checkbox"/> Remove
MGR	KATRINA D. GUFFEY	5101 GREENWOOD AVE, APT 117	<input type="checkbox"/> Add
		NORTH PORT, FLORIDA 34287	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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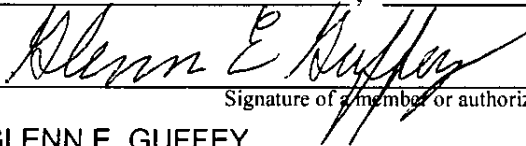
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 02/05/2015

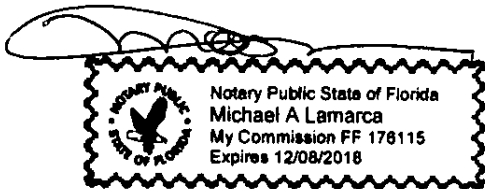


Signature of a member or authorized representative of a member

GLENN E. GUFFEY

Typed or printed name of signee

TN 054287214



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Filing Fee: \$25.00

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