4000182000

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
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FEB 1 6 2015 **T. HAMPTON**

COVER LETTER

	gistration Sectivision of Corpo			
SUBJECT:	ALTA'S TF	RANSPORT, LLC.		
Sebsec 1.		Name of Limite	ed Liability Company	
The enclose	d Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return	n all correspond	ence concerning this matter to	the following:	
		GLENN E. GUFFEY		
			Name of Person	
		ALTA'S TRANSPORT	T, LLC.	
			Firm/Company	
		45 EPPINGER DRIVI	E	
			Address	
		PORT CHARLOTTE,	FLORIDA 33953	
			City/State and Zip Code	
		E-mail address: (to	be used for future annual report notif	ication)
For further i	nformation con	cerning this matter, please cal	l;	
GLENN	GUFFEY		941 587 6833	
	Name of P	erson	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**

ALTA'S TRANSPORT LLC			
(Name of the Limited I	Liability Company as it if Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liabi Florida document number L14000182000	lity Company were fi	led on 11/25/2014	and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability co	mpany here:	
The new name must be distinguishable and end with the wor	ds "Limited Liability Cor	npany," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		SSR 9
Enter new mailing address, if applicable:			OF STATE
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	0	ddress on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	GLENN E. GUFF	EY	
New Registered Office Address:	45 EPPINGER D	 	. <u>.</u>
		Enter Florida street address	
_	PORT CHARLOT	TE, Florid	a 33953
	Cit	y	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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 confign that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 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:

		1.0	. •			
MGR =	Manager					
AMRD -	Authorized M.	ambar				

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GLENN E. GUFFEY	45 EPPINGER DR	Add
		PORT CHARLOTTE, FL. 33953	□ Remove
MGR	KATRINA D. GUFFEY	5101 GREENWOOD AVE, APT 117	
		NORTH PORT, FLORIDA 34287	Remove
			Add
			SE DRemove
			-9 PAGE 1: 350Ve
			Add
			□ Remove
			□ Add

mending any other information, enter change(s) here: (Attach addition	nal sheets, if necessary.)
	
ective date, if other than the date of filing:	(optional)
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be date this document is filed by the Florida Department of State)	e more than 90 days after
02/05/2015	
Dlenn & Husten	TN 0542872Kp
Signature of a membal or authorized representative	of a member
GLENN E. GUFFEY Typed or printed name of signee	
7, ped at printed name of signer	
EXAMPLE AND ADDRESS OF THE PARTY OF THE PART	
Notary Public State of Florida Michael A Lamarca	
My Commission FF 176115 Expires 12/08/2018	TAL SE
	CRE CRE
	TAR
	PM SEE.

Page 3 of 3

Filing Fee: \$25.00