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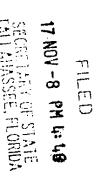
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S. WARREN NOV 1 3 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Slow N S	afe Transpor-	tation LLC	
(Name of the Limited (A	Liability Company as it now ap Florida Limited Liability Company	pears on our records.) iy)	
The Articles of Organization for this Limited Liab Florida document number		12/30/2014	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company	y here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," t	he designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		<u> </u>
(Principal office address MUST BE A STREET)	ADDRESS)		<u>-9</u>
			V-8 PM
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		3 6
B. If amending the registered agent and/or registered agent and/or the new registered offic		on our records, ente	r the name of the new
Name of New Registered Agent:	Sandra I	ia2	
New Registered Office Address:	same 244	1 Sable Drive	
		Florida street address	
	Kissimmee.	, Florida _	34744
	City		ыр Соае

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sandra Diaz	2441 Sable Dr.	🗹 Add
		Kissimmee FC 34744	□ Remove
		Tel. 407-549-8 5 69 diazroma nalive	Change
AMBR	Sandra Diaz	CON 2441 Sable Dr. Kissimmee FL 34744	B Add
		Kissimmee FL 34744	□ Remove
			☑ Change
			Add
			Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Change
			□ Add
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			7 Sange
		S	V-AR PILED
			Refaove
			_□ Change

<u></u>	New email: diazromana	live.com	for annual report no
	New Phone: 407-549-8569	Sandia	Diaz
			
ffectiv	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date the date inserted in this block does not meet the applicable:		
nent'	's effective date on the Department of State's records.		
	d specifies a delayed effective date, but not an oth day after the record is filed.	effective time	, at 12:01 a.m. on the earlier
d	November 6, 2017.		∑ % 1
	Signature of a member or authorized	representative of a	
	Sandra Dia Typed or printed nar		-8 CED
	i yped or printed nar	ne of Pigues	STATE
	Page 3 o	• •	<u>≒™ ♥</u>

Filing Fee: \$25.00