

L15000015139

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 18 2015

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NAVISTAR TRANSPORTATION, 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:

Richardson JOSEPH  
Name of Person

NAVISTAR TRANSPORTATION  
Firm/Company

10680 SW 149th AVE  
Address

Ocala, Florida 34476  
City/State and Zip Code

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

For further information concerning this matter, please call:

RICHARDSON JOSEPH at (352) 433-5795  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                                       |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

NAVISTAR transportation, 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 1/26/15 and assigned Florida document number L15000015139.

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 contain 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)

10680 SW 49th AVE  
Ocala, Florida 34476

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10680 SW 49th AVE  
Ocala, Florida 34476

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**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:

Richardson JOSEPH

New Registered Office Address:

10680 SW 49th AVE

Enter Florida street address

Ocala

City

Florida

34476

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.

(Signature)  
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>          | <u>Address</u>                    | <u>Type of Action</u>                                                      |
|--------------|----------------------|-----------------------------------|----------------------------------------------------------------------------|
|              | Gomez-Joseph Claudia | 5116 SW 41th St Ocala, FL 34474   | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                      |                                   | <input type="checkbox"/> Change                                            |
| MGR          | Jameliah Joseph      | 10680 SW 49th AVE Ocala, FL 34476 | <input checked="" type="checkbox"/> Add                                    |
|              |                      |                                   | <input type="checkbox"/> Remove                                            |
|              |                      |                                   | <input type="checkbox"/> Change                                            |
|              |                      |                                   | <input type="checkbox"/> Add                                               |
|              |                      |                                   | <input type="checkbox"/> Remove                                            |
|              |                      |                                   | <input type="checkbox"/> Change                                            |
|              |                      |                                   | <input type="checkbox"/> Add                                               |
|              |                      |                                   | <input type="checkbox"/> Remove                                            |
|              |                      |                                   | <input type="checkbox"/> Change                                            |
|              |                      |                                   | <input type="checkbox"/> Add                                               |
|              |                      |                                   | <input type="checkbox"/> Remove                                            |
|              |                      |                                   | <input type="checkbox"/> Change                                            |

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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:** 1/20/15 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 12, 2015

Signature of a member or authorized representative of a member

Richardson JOSEPH

Typed or printed name of signee

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