L150000001823

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Office Use Only



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Amendous (10 3/24/15

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Transyoung Trucking, 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:
Eddie Young Nampof Person
Transjaing Trucking, LC Firm/Company
4140NW 44 AVE Unit 201 Address
Lauderdale Lakes FL, 33319 City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Coddie Your 19 Name of Person at (954) 854 - 4906 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & Certificate of Status \$\square\$ Certified Copy (additional copy is enclosed) \$\square\$ 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



Pance of Indictions	A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number <u>L15000 27</u>	bility Company were filed on February 13, 2015 and assigned 823.
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	'ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u>ox</u>
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Transyound

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title **Name Address** Type of Action Stephanie Show Young 2513 SW _ Add ☐ Remove _ Add ☐ Remove _□ Add ☐ Remove □ Add _□ Remove □ Add ☐ Remove

•	If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•	• •
		effective date, if other than the date of filing:
	Date	March 3 rd , 2015.
		Eddie Greens
		Signature of a member of a member of a member
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00