L1500037580

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress) į	
(Cit	y/State/Zip/Phon	e #)
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M. MILLIGAN MAY 1 6 2017

COVER LETTER

I'AM WHE	EELS TRANSPORTATION LI	LC C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WILLIAM C. ALDERMA	.N, JR	
		Name of Person	
	I'AM WHEELS TRANSPORTATION LLC Firm/Company 3160 WEST BEAVER STREET		
	· · · · · · · · · · · · · · · · · · ·	Address	···········
	JACKSONVILLE, FL 32	254	
		City/State and Zip Code	
	TONYAD33@GMAIL.CO	M + 10049 Cl 3 3 to be used for future applial report notifi	gallomail.com
For further information c	concerning this matter, please co		Cation
WILLIAM C. ALDERM		904 563-1210 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fec & 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)
	NG ADDARGO		

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

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



I'AM WHEELS 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 vi Florida document number L15000037580	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	•	
B. If amending the registered agent and/or registered office address here:	ce address on our reco	rds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
New Tegistered Office Francess.	Enter Florida street add	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pro-	erformance of my duties,	and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	WILLIAM C. ALDERMAN JR	3160 W BEAVER STREET	□ Add
		JACKSONVILLE, FL 32254	Remove
			Change
MGR	TONYA ANDREWS	1118 E. 18TH STREET	≌ Add
		JACKSONVILLE, FL 32206	Remove
		<u> </u>	Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Remove
			Change
			Add
		<u></u>	□ Remove
			□ Change

amending any other into	mauon, enter cha	nge(s) here: (Attach addit	ionai sneeis, ij necessarj	<i>y•)</i> ,
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te: If the date inserted in the cument's effective date on the	the date of filing: must be specific and ca is block does not mee ne Department of Star	annot be prior to date of filing or re et the applicable statutory fili	ng requirements, this date	.) Pursuant to 605.02 will not be listed
MAY 9		2017		
red	,		,	
Ann	Mon	11	 ·	
	Signature of a me	mber or authorized representative	ve of a member	17
WILLIAM C. ALE	ERMAN JR			10000000000000000000000000000000000000
	T	yped or printed name of signee		~ ~ ~
	T.	yped or printed name of signee		2 F CS RS

Filing Fee: \$25.00

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