## 15000037580

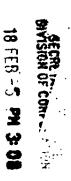
(Re	questor's Name)	·
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## **COVER LETTER**

TO: Registration : Division of Co			
	HEELS TRANSPORTATION L	LC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for tiling.	
Please return all corresp	pondence concerning this matter	to the following:	
	WILLIAM C. ALDERMA	AN, JR	
	<del></del>	Name of Person	·
	I'AM WHEELS TRANSP	ORTATION LLC	
		Firm/Company	
	3160 WEST BEAVER ST	REET	
		Address	
	JACKSONVILLE, FL. 32	254	
		City/State and Zip Code	
	TONYAD33@HOTMAIL	COM to be used for future annual report notifi	-
For further information	concerning this matter, please c	•	(cation)
WILLIAM C. ALDER	MAN, JR	904 563-1210 at ( )	
Name	of Person		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

(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 03/02/2015  Florida document number L15000037580  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 abbrevia citer 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 on our records, enter the registered agent and/or the new registered office address here:  Name of New Registered Agent:	and assigned
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 abbrevia 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 on our records, enter the egistered agent and/or the new registered office address here:	and assigned
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the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the egistered agent and/or the new registered office address here:	
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Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the egistered agent and/or the new registered office address here:	tion "L.L.C."
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the egistered agent and/or the new registered office address here:	
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	name of th
Name of New Registered Agent:	4
Name of New Registered Agent:	<b>#</b>
	ES .
New Registered Office Address:  Enter Florida street address	
Enter v torida street didress	5
, Florida, Elorida, Zi	: <b>B</b> p Code <b>Ls</b>
Sew Registered Agent's Signature, if changing Registered Agent:	· Ciral W

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>	<u>Address</u>	Type of Action
MGR	WILLIAM C. ALDERMAN JR	3160 W BEAVER STREET	<b>⊟</b> Add
		JACKSONVILLE, FL 32254	□ Remove
			☐ Change
MGR	TONYA ANDREWS	1118 E. 18TH STREET	
		JACKSONVILLE, FL 32206	Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Remove
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rective date, if other than the date effective date is listed, the date must be: If the date inserted in this block; ument's effective date on the Department specifies a delayed. The 90th day after the reco	be specific and cannot be prior ick does not meet the applic partment of State's records effective date, but no	to date of filing or more that able statutory filing requ	rements, this date will not	be listed
JANUARY 16	2018			
Jonya 1	Canal ignature of a member or adth	orized representative of a m	mber	_
TONYA DANIELS				
	Typed or print	ed name of signee		-18 -18

Filing Fee: \$25.00

8 FFR - 5 PM 3- 00

FILED SECRETARY OF STATE VISION OF CORPORATION