# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I200100000062

Fax Number

: (323)962-8600 : (323)962-3689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COBBCO TRANSPORTATION, LLC

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#### **COVER LETTER**

TO: Registration S Division of Co						
COBBCC SUBJECT:	) TRANSPORTATION, LL	С				
JODANO II.	Name of Lin	ited Liability Company	<del></del>			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Cheyenne Moseley					
	in manu kelelel ti dilangapipigan a manunan in 4 di min di la	Name of Person	ara marint in h ********** superpresentations and subdi- 0.0			
	Legalzoom.com. Inc.					
	FirmCompany					
	100 W. Broadway Suite 100					
	Address Glendate, CA 91210					
		City/State and Zip Code	<del></del>			
	cornkobb@gmail.com					
	E-mail address: (	to be used for future annual report nonfi	ication)			
For further information	concerning this matter, please c	all;				
Imelda Vasquez		323 962-8600 ex				
Name	of Person	Area Code Dayting	Telephone Number			
Enclosed is a check for	the following amount:					
□ S25.00 Fiting 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)			
MAII	ING ADDRESS:	STREET/COURI	ER ADDRESS:			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Come (A Florida Limited	pany as it now appears on our records.) d Liability Company)		-	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L15000040661</u>		and r	assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited list	ability company here:			
The new name must be distinguishable and end with the words "Limited Li	ability 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)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		the nam	e of	the new
		14.	MAR	roe og
Name of New Registered Agent:		1:: 		
New Registered Office Address:			9	
	Enter Florida street address	37.	==	; ; ; ; =====
	, Florida	<u>9;</u>	<del>20</del>	,
	City	Zip Cod	<b>6</b>	

#### 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

To: Page 5 of 6

MGR = Manager

3/8/2016 2:47:41 PM PST

13239628300 From: Amanda Sando

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member Name Type of Action <u>T'itle</u> Address **AMBR** Linda Cobb 184 KARLOW AVE. 🗷 Add LEHIGH ACRES, FL 33974 \_□ Remove □ Add □ Remove \_□ Add \_□ Remove SOCE □ Remove □ Add ☐ Remove

),	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
	ffective date if other than the date of filing:  (ontinual)
1	ffective date, if other than the date of filing:
	Dated February 25 . 2016 .
	Signature of a member of authorized representative of a member
	Randy Cobb
	Typed or printed name of signee

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Filing Fee: \$25.00

16 MAR -9 AM 8: 50