

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150000810633)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 : (608)827-5501 Fax Number

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

	- 11 .			
Emall	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1APEACE TRANSPORTATION L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

S

Electronic Filing Menu

Corporate Filing Menu

Help

11 S - 8 1914

T. HAMPTON

https://efile suphiz pro/scripts/efilcour exe 100.9 1038 728 808

1099 428 809

4/1/2015 APR-01-2015 16:04

Fax Audit: H150000810633

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	apeace transportation L.L.C.	mo z i
(Name of the Limited Lia (A Flo	bility Company as it now appears on orida Limited Liability Company)	our records.) FI OF IT
The Articles of Organization for this Limited Liabili	ity Company were filed on $\frac{3/20/2015}{1}$	ाण्य विकास
Florida document number L15000049533	·	ŕ
This amendment is submitted to amend the following	ã:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the	e words "Limited Liability Company."	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:	
Principal office address MUST BE 4 STREET 4.	DDRESS)	
	 	
Euter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or i registered agent and/or the new registered office		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
_	Cin:	Florida Zip Code
	CIÚ	$\Delta i p \in o a e$

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

Page 1 of 3

Fax Audit: H150000810633

If amending the Managers or Authorized Member on our records, <u>enter the fitte, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u> .	<u>Address</u>	Type of Action
AMBR	Darin Horn Jr.	1921 North Lewis, Apt B	bbA.
		Dexter, MO 63841	XRemove
			Add
			Remove
			Add
			Remove
			SECRETA AH
·			TIC Add
			ORIO Remove
			Add
			Remove

Page 3 of 3
Filing Fee: \$25.00

SECNETARE OF STATE