

L15000051552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

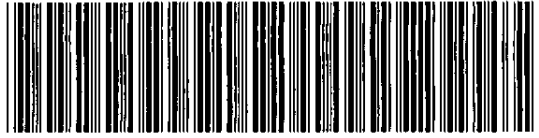
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

JUL 12 2016
Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Family Transport, 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:

Jordan Little
Name of Person

Family Transport
Firm/Company

8712 S. Rockwell
Address

Evergreen Park, IL 60805
City/State and Zip Code

jordanlittle2390@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jordan Little at (773) 988-0627
Name of Person Area Code Daytime 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

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>	<u>Type of Action</u>
AMBR	Jordan Little	8712 S. Rockwell	<input type="checkbox"/> Add
		Evergreen Park, IL 60805 (Change)	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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16 JUL 13 PM 3:49
 ALLIANCE OF DATA MANAGERS OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change manager's mailing address to
8712 S. Rockwell Evergreen Park, FL 330805

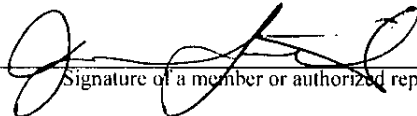
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 07/12/2016



Signature of a member or authorized representative of a member

Jordan Little

Typed or printed name of signee