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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: Fa	mily Transpo	V + L C nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jordan	Little	
	Famil	Name of Person 4 Transport Firm/Company	
	8712	S-Rockwell Address	AND THE RESIDENCE OF THE PARTY
	<u>Evergre</u>	City/State and Zip Code	805
	Jordan II H	(to be used for future annual report notif	ication)
For further information e	oncerning this matter, please c	all:	
Jordan	Little	at (<u>173</u>) <u>988-00</u> Area Code Daytime	-27
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne 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

Ly a second

(Name of the Limite		ny as it now appears on liability Company)	our records.)		
The Articles of Organization for this Limited Liz	ability Company	were filed on <u>63</u>	-24-15	and assig	ned
This amendment is submitted to amend the following	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ity Company," the design	ation "LLC" or the a	bbreviation "L.L.	<u>C."</u>
Enter new principal offices address, if applica (Principal office address MUST BE A STREET		400 Capi Suite 1 Tallahasse	tal Civele 8 BOX 19 e, FL 323	- SE 45 01	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	1 <u>0X)</u>	8712 Evergreen	S. Rockw Park, IL	70865 HAS PE	
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:			r records, <u>enter</u>	177	fithe: new
New Registered Office Address:	400	Capital Civ Enter Florida si	cle SE Su reet address	nte 18 Bi	×175
	Tallaha	SSE E City	, Florida	32301 Zip Code	

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

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>	Address	Type of Action
AMBR	Jordan Little	8712 S. Rockwell Evergreen Park, IZ 60805	Add !hauge) Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Adelo Comove
			☐ Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change

Change manager's mailing address	ess to
Change manager's mailing address 8712 5, Rochwell Evergreen &	Park, IL60805
	16 JUL
	SS N
ve date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or m If the date inserted in this block does not meet the applicable statutory filingent's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective t 90th day after the record is filed.	time, at 12:01 a.m. on the earlie
07/12/2016.	
Signature of a member or authorized representative	e of a member

Page 3 of 3

Filing Fee: \$25.00