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(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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KIN 2 0 2015 T. HAMPTON

COVER LETTER

Division of Corpor				
SUBJECT: EISY	Transportation	Services,	LLC	
	Name of Limited	d Liability Company		
The enclosed Articles of Am	endment and fee(s) are submi	tted for filing.		
Please return all corresponde	ence concerning this matter to	the following:		
	Elizab	Name of Person		
·		Name of Person		
	Elsy Transporte	ation Services	ددد	
	•	Firm/Company	•	-
	31177 48 Hwy	1 19 N. Apt	1903	
		Address		
	Palm Harbor, 7	=1. 34684		
	Palm Harbor, 7	City/State and Zip Code		
-	glendasiomara@ E-mail address: (to	hotmail. com)	
			sport nonneauon,	,
For turner information conc	erning this matter, please call:			
Elizabeth G Name of Per	arcia	at (<u>845</u>) &	59 - 8539	
Name of Per	rson	Area Code	Daytime Telepl	none Number
Enclosed is a check for the fe	ollowing 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

Elsy Transportation	on Services, LLC	
(Name of the Limited (A	Liability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liab	ility Company were filed on 04/20/2015	and assigned
Florida document number <u>L15000068119</u>	······································	5 F W
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	经 与 類
		All The Reserved
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC"	or the abbreviation L.L.
Enter new principal offices address, if applicab	le:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	rida
	City	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
MGR	Glenda S. Solis	31177 US HWY 19 N. APT 191	OS XAdd
		Palm Harbor, Fl. 34684	☐ Remove
			☐ Change
			🗖 Add
			Remove
			Change
			☐ Remove
			Change
			Add
		<u> </u>	Remove
			Change
			□ Add
			Remove
			Officinoves Change

D.` If amending any other information, ento	er change(s) here: (Anach adamon	ui sneets, if necessary.)	
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			_
Effective date, if other than the date of f (If an effective date is listed, the date must be specifi Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing t	(optional) e than 90 days after filing.) Pursuant to 6 requirements, this date will not be li	05.0207 (3)(I sted as the
the record specifies a delayed effective) The 90th day after the record is file		ne, at 12:01 a.m. on the ear	lier of:
Dated May 11	, <u>əol5</u>		
EC	· C. Arr Arr	75 HI TALL	- 45 (40-)
Signature	of a member or authorized representative of	fa member HIT	No.
Elizaba	eth Garcia	SH F PN	
	Typed or printed name of signee	FO -	
		FLORIC	2
	Page 3 of 3	9.1	

Filing Fee: \$25.00