

LIS000085789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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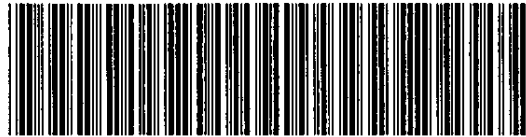
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 24 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TANSA M 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:

JOCELYNE STEWART
Name of Person

4008 4th STREET WEST
Firm/Company
Address

LEHIGH ACRES FL 33971
City/State and Zip Code

TRANSA M TRANSPORT@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOCELYNE STEWART at 239 834-2762
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Tansam Transport LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 14 2015 and assigned Florida document number L15000085789.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TRANSAM TRANSPORT LLC

The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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. ~~Only~~ 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

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TALLAHASSEE
FLORIDA

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR ROBERT STEWART 400B 4th STREET WEST ☐ Add
Lehigh Acres FL 33971 ☒ Remove

MGR JOCELYNE STEWART 4008 4th STREET WEST ☒ Add
LEHIGH ACRES #133971 ☐ Remove

☐ Remove
☒ Change
☐ Add
☐ Remove

[illegible]

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.

Dated July 20 2015

 Jocelyne Stewart
 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JOCELYNE STEWART
Typed or printed name of signatory

Typed or printed name of signee

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