115000138140

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
ANALYSIS OF STATE

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August 21, 2015

ROBERTO SOLARES 14440 SW 46TH CT OCALA, FL 34473

SUBJECT: R S A LOGGING LLC Ref. Number: L15000138140

We have received your document for R S A LOGGING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "L.C.", The following suffixes are no longer acceptable: "Limited Company," L.C.," "L.C.," "Ltd.," and "Co."

The document number of the name conflict is P99000062746.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 615A00017704

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: R54 Logging LLC Nampor 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:	
Roberto Solares Name of Person	<u> </u>
Firm/Company 14440 SW 4446 CF Address Ogg/9 FC 34473 City/State and Zip Code	2015 SEP -3 A SECRETARY OF S TALLAHASSEE. FL
City/State and Zip Code V50/9/25 6 C 44.00 C E-mail address: (to be used for future annual report no	
For further information concerning this matter, please call:	
Roberto Solares at (352) 29 Name of Person Area Code Dayti	79_5870 ime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	☐ \$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

Name of the Limited Lightly Compa (A Blorida Limited L	ny as it now appears on our records.) Lability Company)	<u>.</u>
The Articles of Organization for this Limited Liability Company	were filed on Floris	and assigned
Florida document number 415000138140		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SOLARES TRANS	SPORT LLC	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		28 TAL SI
Principal office address MUST BE A STREET ADDRESS)	N/A	IS SEP
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A.	P-3 A 10: 03 TARY OF STATE ASSEE, FLORIDA
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, ge:	enter the name of the nev
Name of New Registered Agent:	<u> 4</u>	
New Registered Office Address:	Enter Florida street address	•
		_
	, Flori	da 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
N/A	~/4	···	Add
			☐ Remove
. /	4)/		Change
N/A	N/A		
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			☐ Remove
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If amen	ding any other information, enter change(s) here: (Attach additional sheets, if	necessary.)	
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(If an effe	crive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days	after Hing.	Pussant to	03.0207 (3
Note: 1	If the date inserted in this block does not meet the applicable statutory filing requirements ant's effective date on the Department of State's records.	, this date :	will not be I	
		Om A	03	Ž
	ord specifies a delayed effective date, but not an effective time, at 12: 90th day after the record is filed.	01 a.m.	on the ea	rlier of:
Dated_				
	Signature of a member or authorized representative of a member Goodgness			
	Signature of a member or authorized representative of a member			
	Toldanes Saca. Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00