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| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
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| Certified Copies | Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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2015 AUG 26 P 2: 28
SECRETARY OF STATE

) BRUCT

COVER LETTER

| Division of Corpora | tions | | | |
|---------------------------------|---|---|---|-------|
| SUBJECT: Corporat | re Transportatie Name of Limi | on Group LLC ited Liability Company | | |
| The enclosed Articles of Ame | ndment and fee(s) are subr | mitted for filing. | | |
| Please return all corresponden | ce concerning this matter t | to the following: | | |
| _ | | TRansportation Firm/Company | | |
| For further information concer | Petrosyan E-mail address: (1 | Address Address Address Address Address A FL 32835 City/State and Zip Code A Flack & Yahoo. To be used for future annual report no all: | UG 26 F | FILED |
| ArtaK Fa | etrosyan | at (9/7) 459 Area Code Daytin | me Telephone Number | V |
| Enclosed is a check for the fol | llowing amount: | | | |
| \$25.00 Filing Fee | 3 \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose | |

TO:

Registration Section

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

| (<u>Name of the Limited Liability Cor</u> (A Florida Limit | mpany as it now appears on our records.) ted Liability Company) |
|--|---|
| The Articles of Organization for this Limited Liability Comparing Articles of Organization for this Liability Comparing Articles of Organization for this Articles of Organization for the Orga | any were filed on <u>08.18.2015</u> and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited l | iability company here: |
| The new name must be distinguishable and contain the words "Limited Li | iability 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 | 2 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2015 AUG 26 PALLAHASSEE, FL |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address l | d office address on our record enter the name of the n |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | Enter Florida Street address |
| | , Florida |
| Naw Degistered Agent's Signature if changing Degistered Age | _r_ |

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 = M $AMBR = A$ | Ianager .uthorized Member | | | |
|--------------------|------------------------------|-------------------------------|----------------|--|
| <u>Title</u> | Name | Address | Type of Action | |
| MGR | Artak Petrosyan | 6025 Westgate dr | DAdd | |
| | | apt #2536 | Remove | |
| | | opt #2536 Orlando FL 32835 | Change | |
| | | | | |
| | | | Remove | |
| | | | Change | |
| | | | | |
| | | SECRETARY TALLAHASSEE | Remove | |
| | | EE, FLORIDA | D A A C Remove | |
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| Effecti | ive date, if | other than th | e date of filin | 2: | | | (opt ie dia | (t) | O |
| fan eff <u>Note;</u> | fective date is l If the date ir | isted, the date moserted in this b | ust be specific and block does not n Department of S | cannot be prior neet the applic | able statutory | g or more than 90 filing required |) days afte∰llir | lg.) Eursua | int to 605.02 It be listed |
| | | | ed effective of cord is filed. | | t an effect | ive time, at | 12:01 a.m | on the | e earlier |
|) ated | - Olu | gust | 2414 | , 2015 | · | | 1 | | • |
| | | | Signature of a | member or author | orized represer | tative of a mem | Two life | | |
| | | | Digitature of a | member of autili | orized represer | manive of a men | ~ | | |

Page 3 of 3

Filing Fee: \$25.00