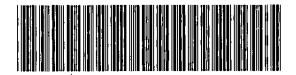
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DATE:

9/24/15

NAME:

SECURE TRANSPORTATION OF FLORIDA, LLC

Obbie Horke

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	City	Zip Code
	, Fi	orida
New Registered Office Address:	Enter Florida street addres	<u> </u>
Name of New Registered Agent:		
registered agent and/or the new registered offic	e address here:	
B. If amending the registered agent and/or		s, enter the name of the new
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
Enter new mailing address, if applicable:		<u> </u>
	•	22 日
		至 经
Principal office address MUST BE A STREET		
Enter new principal offices address, if applicab	le:	
The new name must be distinguishable and contain the word		" or the abbreviation "L.L.C."
SECURE TRANSPORTATION COMPANY OF FLO		
This amendment is submitted to amend the follows  A. If amending name, enter the new name of the		
	·	
Florida document number L15000142742	my company word modeling	
The Articles of Organization for this Limited Liab	ility Company were filed on AUGUST 20, 20:	and assigned
(Name of the Limited	Liability Company as it now appears on our record Florida Limited Liability Company)	3.)
SECURE TRANSPORTATION OF F	• • • • • • • • • • • • • • • • • • • •	<u></u>

## 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>	Name	Address	Type of Action		
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ective date, if other than to neffective date is listed, the date is te: If the date inserted in this cument's offective date on the	s block does not meet	the applicable sta	of filing or more than atutory filing requir	(optional) 90 days after filing.) ements, this date	Pursuant to 605.02 will not be listed a
record specifies a delay he 90th day after the r	yed effective date ecord is filed.	e, but not an e	effective time, a	t 12:01 a.m. (	on the earlier
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