L15000156156

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COVER LETTER .

TO: Registration Section Division of Corporations
SUBJECT: C+ E TRansport Service 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:
Johnny ENC Johnson Name of Person
C+E TRANSport SERVICE LLC, Finh/Company
6081 wanden Cincle Address
Sandenson FC: 32087 City/State and Zip Code Johnny. Johnson 81 a Yahoo. Com Email address: (to be used for future annual report notification)
Johnny . Johnson 81 a Yahoo . Com Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sohnny E. Sohnson at (386) 438-368 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$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 L	T Service	LLC,
(Name of the Limited Liability Con (A Florida Limite	ed Liability Company)	ni dui i (Cortos)
e Articles of Organization for this Limited Liability Compa	ny were filed on <u>S e</u>	PTember 4,2015 and assigned
orida document number <u>15000156156</u> .	•	
is amendment is submitted to amend the following:		
_	iskilitu sammanu hav	
If amending name, enter the new name of the limited li	lability company nero	:
e new name must be distinguishable and contain the words "Limited Li	ability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:		with the transfer of the trans
rincipal office address MUST BE A STREET ADDRESS)		
	***************************************	PARAMETER STATE OF THE STATE OF
ter new mailing address, if applicable:		
<u> [ailing address MAY BE A POST OFFICE BOX]</u>		
If amending the registered agent and/or registered	office address on (our records, enter the name of the
gistered agent and/or the new registered office address h		
Name of New Registered Agent:		
New Registered Office Address:	Enter Clorid	a street address
	Enter Plorid	
	City	, Florida Zip Code
w Registered Agent's Signature, if changing Registered Age	-	
		magity. I fewhor agree to comply will
ereby accept the appointment as registered agent and covisions of all statutes relative to the proper and compl		
cept the obligations of my position as registered agent of	as provided for in Ch	apter 605, F.S. Or, if this document i

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR_	Johnny Enk Johnson	33 6081 wonden Cincle sandenson FC	12 Add
			☐ Remove
			Change
C.E.O	Johnny Enla Johnson	6081 Wanden Cincle Sandenson FL 3.	2087 12 Add
			□ Remove
			Change
owner	Johnny Enk Johnson	6081 wonden Uncle sandenson FL 3a	208711 Add
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September School of September 1994 AND CO			· • ·
ctive date, if other than the date of i	filing: October 9,	2015 (opti	ional)
	ic and cannot be prior to date of filing	or more than 90 days afte	r filing.) Pursuant to 605
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Filing Fee: \$25.00