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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corflorations
SUBJECT: Regal Transport Services, 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:
David A. Gonzalez Name of Person
Regal Transport Services, LLC
8367 W 14th CT Address
Hialeah FL 33014  City/State and Zip Code
regaltransportservices@uahoo.com  E-mail address: (to be used for future unual report notification)
For further information concerning this matter, please call:
David A. Gonzale 2 at (786) 512-4929  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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

Regal Transport Serve (Name of the Limited Liability Company (A Florida Limited Lia	vices LLC  ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number 81-1448343	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ility company here:
The new name must be distinguishable and contain the words "Limited Liability	lity Company," the designation "L.L.C." 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 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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 = Manager

AMBR = Authorized Member

Title MGR	Name Daline Castillo	Address 8367West 14th CT Hialeah FL	<u>Type of Action</u> 33014 Add
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