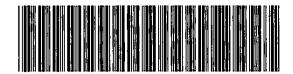
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2016 MAR 25 PH 3: 50

K.SALY EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: Philips Transportation 126 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:							
Felipe Soto Name of Person							
Philips Transportation LLC. Firm/Contpany							
9032 Savannah MagnoliaLn.							
Orlando FL. 32832							
Solo Felipe 07/09 Hail • COM E-mail address: (to be used for filture annual report notification)							
For further information concerning this matter, please call:							
Felipe 50+0 at (Y07) 808-1256 Name of Person Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{\$60.00 Filing Fee,}\$\$ 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

PILED
" 1186 m.
2016 MAR 25 PM 3: 50 VALLAHASSEE FIORES
SEE. FI DAIL

The Articles of Organization for this Limited Liability Company were filed on 03/02/30/6 and assigned Florida document number 4/6000044063

This amendment is submitted to amend the following:

A.	If amending nam	e, <u>enter the 1</u>	iew name of th	e limited liability	<u>, company b</u>	<u>iere</u>
<b>A.</b>	n amenong nam	e, <u>enter the i</u>	iew name of th	<u>e itmitea nabinty</u>	<u>/ company n</u>	<u>ιε</u>

The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> .	
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 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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	José Javier Aviles	5578 Metrowest Blud. Apt 103 orlando, FL 32	<b>t</b> Add
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cument's effective	e date on the D	epartment of	State's record	s.				
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Filing Fee: \$25.00