

L160000059931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

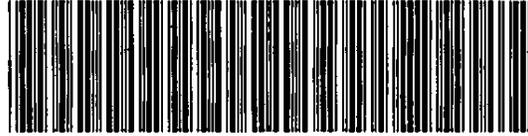
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/19/16--01014--014 **35.00

FILED
2016 SEP 26 A 11:26
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 28 2016



DUPONT FINANCIAL SERVICES INC.

September 20, 2016

Ms. Deborah Bruce
Regulatory Specialist II
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Smooth Sailing Transporting LLC
Ref Number: 16000059931

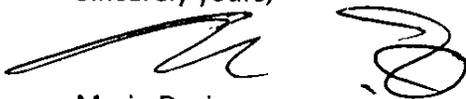
Dear Ms. Bruce:

As instructed, please find enclosed the corrected form for Smooth Sailing Transporting LLC for filing.

I am also enclosing a copy of your August 22nd, 2016 letter as you requested.

Should you have any questions regarding this matter, please feel free to contact me.

Sincerely yours,



Mario Davis
Senior Financial Associate

Enclosures

DUPONT FINANCIAL
SERVICES INC.

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2016

MARIO DAVIS
927 BEVILLE RD, STE 101
SOUTH DAYTONA, FL 32119

SUBJECT: SMOOTH SAILING TRANSPORTING LLC
Ref. Number: L16000059931

We have received your document for SMOOTH SAILING TRANSPORTING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 416A00017724

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2016 SEP 26 PM 4:53
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SMOOTH SAILING TRANSPORTING 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:

MARIO DAVIS
Name of Person
DUPONT FINANCIAL SERVICES INC.
Firm/Company
927 BEVILLE ORAD SUITE 101
Address
SOUTH DAYTONA, FLORIDA 32119
City/State and Zip Code
INFO@DUPONTFINANCIAL.COM
E-mail address: (to be used for future annual report notification)

TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ANN BISHOP at (386) 675-6595
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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**

SMOOTH SAILING TRANSPORTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/19/2016 and assigned Florida document number L16000059931.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIO DAVIS	927 BEVILLE ROAD SUITE 101	<input type="checkbox"/> Add
		SOUTH DAYTONA, FL 32119	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAUL REED	2004 MCBRIDE ROAD	<input checked="" type="checkbox"/> Add
		SEVILLE ROAD, FLORIDA 3219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 09/19/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 19, 2016.

Paul L. Wood

Signature of a member or authorized representative of a member

Paul Wood

Typed or printed name of signee