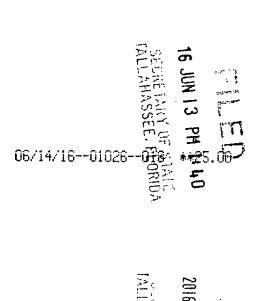
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL .
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cas Transports 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:
MARVIN Sanders SR. Name of Person
Firm/Company
3701 north John Young pkuy # 165
Orlando, 176 32904 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (301) 715 7344 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Scriffed Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

Car Cab Frans (Name of the Limited Liab)	SONTS LC Company as it now appears on our records.)
(A Flori	da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number//(X0/63-264	Company were filed on $\frac{5}{26}/6$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited 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 ADL	DRESS)
	Area of
Enter new mailing address, if applicable:	> = -
(Mailing address MAY BE A POST OFFICE BOX)	
	SE SE
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	dress 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>	Address	Type of Action
mbl	MARwin Sunders	3701 north John yang pa #105 orlando, FC 32804	Add Add
		#105 orlando, FC 32804	C Remove
			Change
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if an effe Note: I	ve date, if other than the date of filing:(optional) ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	Ine 8th, 2016.
_	
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00