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SECRETARY OF STATE
ALLAHASSEE FIGURE

COVER LETTER

	Registration Section Division of Corpor			
SUBJEC	Т:	Turbo Tran	Sport Services nited Liability Company	L:L·C.
The enclo	osed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please re	turn all corresponde	ence concerning this matter	to the following:	
		(Shardy B. Saus	veur
		Turt	Firm/Company	es L.L.C.
		2	408 South 10th Address	St
		- tucho:	City/State and Zip Code Frans portation Code to be used for future annual report notif	1982
	-		•	itation)
	_	erning this matter, please o	eall:	
_Sh	ordy B. Name of Pe	Sauveur	at (<u>772</u>) <u>332-</u> Area Code Daytime	CZ¶ 3 Telephone Number
Enclosed	is a check for the fe	ollowing amount:		
\$25.0	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

Turbo Transpor	+ Services L.L.C.					
(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 Florida document number <u>L1600148760</u> .	•					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	2408 South Joth ST					
(Principal office address MUST BE A STREET ADDRESS)	2408 South Joth ST Fort Pierce; FL 34982					
Enter new mailing address, if applicable:	2408 South 10th ST Fort Pierce, FL 34982					
(Mailing address MAY BE A POST OFFICE BOX)	Fort Pierce, FL 34982					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	City Sip 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> **Type of Action** <u>Address</u> Yves Mildort I MGR 4147 SW 195th Terr □ Add ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an efi <u>Note:</u>	ive date, if other than the date of filing: (optional) fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the fective date on the Department of State's records.	.0207 (3)(b) ed as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er of:
Dated	12/21/ , 2016	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

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Filing Fee: \$25.00