L16000155069

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
1		

Office Use Only

600290930716

10/28/16--01004--012 **25.00



NOV 0 1 2016 Y SULKER

COVER LETTER

Divi	ision of Corp	orations							
SUBJECT:	GOOD SHE	GOOD SHEPHERD TRANSPORTATION SERVICES LLC							
Name of Limited Liability Company									
The enclosed	Articles of A	mendment and fee(s) are subr	mitted for filing.						
Please return	all correspon	dence concerning this matter t	to the following:						
		Wessam Beshay							
			Name of Person						
			Firm/Company						
		2009 Honeybell Ave							
			Address						
		Haines City, Fl,33844							
		•	City/State and Zip Code						
		wesamrefat930@hotmail.com							
		E-mail address: (t	o be used for future annual report notific	cation)					
For further in	nformation co	ncerning this matter, please ca	ill:						
Wessam Bes			863 4097757 at ()	· · · · · · · · · · · · · · · · · · ·					
	Name of	Person	Area Code Daytime	Telephone Number					
Enclosed is a	check for the	e following amount:							
■ \$25.00 F	iling 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

TO:

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

GOOD SHEPHERD TRANSPORTATION SERVICES 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 Co	ompany were filed on 8-18-2016	and assigned
Florida document number L16000155049	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr Name of New Registered Agent:		enter the name of the new
New Registered Office Address:	Enter Florida street address	0.2
	, Flor	rida 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:

بإعاظم حا

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Wessam Beshay	2009 Honeybell Ave Haines City,fl	□ Add
			■ Remove
			Change
			🗖 Add
			☐ Remove
			☐ Change
			³>: _ Ω,,
			Remove FLOND Add
			Change
			Remove
			Change
			🗖 Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change

		1									
								<u> </u>			
		-									
		<u>.</u> .									
						<u></u>					
-											
						·					
											
										6.0	
									S.	3	Notae.
									- E.C.		
					··				<u> </u>	<u> </u>	
									S JAI	D.	
iote: If t	he date inserte	r than the dat the date must be d in this block te on the Depar	does not n	neet the ap	plicable st	of filing or atutory fili	16 more than 9 ng require	(option of the control of the	onal) filing.) Pu s date wil	irsuant t I not be	o 605.020 e listed a
		a delayed ef r the record		late, but	: not an (effective	time, at	12:01 a	a.m. on	the e	arlier d
ated	10-	24 W.Mak		20	16						
		WHAL	Ded	-	authorized r			 			<u> </u>
		Sig	nature of a f	member or	autnorized i	epresentativ	e oi a mem	UCT			

Page 3 of 3

Filing Fee: \$25.00