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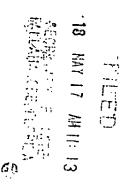
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O SIMMONS MAY 1 8 2018

COVER LETTER

Divi	ision of Corp	porations		
SUBJECT:	TALON TO	WING AND TRANSPORT,	LLC	
SUBJECT			nited Liability Company	
The enclosed	Articles of z	Amendment and fee(s) are sub	emitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		JAMES MULLENS		
			Name of Person	
		TALON TOWING AND	TRANSPORT, LLC	
			Firm/Company	
		5085 PAN AMERICAN E	BLVD.	
			Address	
		NORTH PORT, FL 3428	7	
			City/State and Zip Code	·
		jemullens8@aol.com		
		E-mail address: (to be used for future annual report notifi	leation)
For further in	formation co	neerning this matter, please co	all:	
JAMES MU			954 552-2114	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 Fi	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:

TO:

Registration Section

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

(Name of the Limited Liability Co	moany as it now appears on our record	ds.)
(A Florida Limi	mpany as it now appears on our recor- ted Liability Company)	·
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{1.16000190145}{1.16000190145}$	any were filed on 10/13/2016	and assigned
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 L	liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7.50
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		- 1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		40
	-	***
 If amending the registered agent and/or registered registered agent and/or the new registered office address 		s, enter the name of the
Name of New Registered Agent:	, ma a	
New Registered Office Address:		
	Enter Florida street addre.	N.S.
	, Fi	orida
	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>	Name	Address	Type of Action
MGR	JOSHUA W. PARTRIDGE	JOSHUA W. PARTRIDGE	
		5336 ENSLEY TER	□ Remove
		NORTH PORT, FL 34288	☐ Change
			Add
			□ Remove
			□ Change
	 .		Add
			Remove Change
			E Add
			☐ Remove
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	## ## ## ## ## ## ## ## ## ## ## ## ##
n effective date is listed, the date must be specific and cannot be prio ote: If the date inserted in this block does not meet the application of the date on the Department of State's records	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.0 cable statutory filing requirements, this date will not be listed 3.
e record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier
nted MAY 14 2018	<u></u> .
1	
MMG Mullen Signature of a member or auth	orized representative of a member

Page 3 of 3

Filing Fee: \$25.00