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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WIMBERLY TRANSPORT, 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:

WANDA WIMBERLY
Name of Person
WIMBERLY TRANSPORT, LLC
Firm/Company
2258 ROANOKE SPRINGS DRIVE
Address
RUSH, FL 33570
City/State and Zip Code
Wimberlytransport@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WANDA WIMBERLY at (727) 259-3848
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

FILED
JAN - 5 PM 3:09
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Wimberly TRANSPORT 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 10-18-2016 and assigned Florida document number L16000192479.

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) _____

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	MICHAEL E. WIMBERLY	2258 ROANOE SPRINGS DRIVE	<input checked="" type="checkbox"/> Add
		RUSKIN, FL 33570	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WANDA L. WIMBERLY	2258 ROANOE SPRINGS DRIVE	<input type="checkbox"/> Add
		RUSKIN, FL 33570	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ANDRA J. REESE	2534 2ND AVENUE SOUTH	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LATOYA MCCALL	2534 2ND AVENUE SOUTH	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33712	<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

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(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.

(b) The 90th day after the record is filed.

Dated OCTOBER 3RD, 2017.

Signature of a member or authorized

Signature of a member or authorized representative of a member

Michael E. Wimberly

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2017 MAY -5 PM 3:00
MILLER, JACQUELINE