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Special Instructions to	o Filing Officer:	
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# **COVER LETTER**

TO: Registration Se Division of Cor				
subject: <u>Sary</u>	S Transport UC Name of Limi	ited Liability Company	<del></del>	
	Amendment and fee(s) are sub-	_		
Please return all correspo	ondence concerning this matter	to the following:		
	willey son	Name of Person		
	Sory's Trans	Firm/Company		
	15 FHEISH D	r		
	·. •	Address		
	Kissimmee F.l.	34759 City/State and Zip Code	17 JAN	SFORE TO W
	Sorus Transport	orfic amil.com to be used farliture annual report notifi	cation)	
For further information of	concerning this matter, please ca	·	cation) PH 2: 55	F 5171
willey S	antona	at (407) 3(67-6 Area Code Daytime	9330	₹ <u>`</u> `
Orvaine (	51 1 0:3011	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sary's Transport	r U.C.	<del></del>
(A FI	iability Company as it now appears on our records.) Iorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on Dec . 12. 2016	and assigned
Florida document number <u>L1600 223</u> 0	184.	-
This amendment is submitted to amend the followin	ıg:	
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 abb	previation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	1 選
(Principal office address MUST BE A STREET A	DDRESS)	¥ 55-
		5 SPE
		H.
Enter new mailing address, if applicable:		2: 55 55
(Mailing address MAY BE A POST OFFICE BOX	Ω	
	registered office address on our records, enter	the name of the new
registered agent and/or the new registered office	address nere:	
Name of New Registered Agent:		
New Registered Office Address:		
Trow Tragistored Office Madress.	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
MGR	Sarahi Delpolo	15 Flatfish Dr.	□ Add
	•		Remove
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<del></del> -			Add
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Filing Fee: \$25.00