

L17000021112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100298272671

04/24/17--01017--010 **25.00

FILED

2017 MAY -8 P 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n BRUCE
MAY 09 2017

6098-71M



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2017

MALCOLM MAYS
1000 BROWARD RD. APT. 1806
JACKSONVILLE, FL 32218

SUBJECT: MALCOLM TRANSPORT LLC
Ref. Number: L17000021112

We have received your document for MALCOLM TRANSPORT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 917A00009014

2017 MAY -8 P 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Malcolm 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:

Malcolm Mays
Name of Person

Malcolm Transport LLC
Firm/Company

1000 Broward Rd. Apt. 1806
Address

Jacksonville, FL. 32218
City/State and Zip Code

mays-malcolm@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Malcolm Mays at (904) 903-1052
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

W17-39161

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAY -8 P 3:13

FILED

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

Malcolm 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 01-26-2017 and assigned Florida document number L17000021112.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

M+N Transporters LLC

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)

1000 Broward Rd

Apt. 1806

Jacksonville, FL 32218

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1000 Broward Rd

Apt. 1806

Jacksonville, FL 32218

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:

Malcolm Raynard Mays

New Registered Office Address:

1000 Broward Rd apt. 1806

Enter Florida street address

Jacksonville

City

Florida

32218

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>
Manager	Malcolm Mays	1000 Broward Rd.	☒ Add
		Apt. 1806	☐ Remove
		Jacksonville, FL, 32218	☐ Change
manager	Nicholas Galloway	3850 NW 11 th Place	☒ Add
		Gainesville, FL, 32605	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2017 MAY -8 P 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
2017 MAY - 8 P 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated May 02, 2017

Malcolm Mayo

Signature of a member or authorized representative of a member

Malcolm Mays

Typed or printed name of signee