

L17000027636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

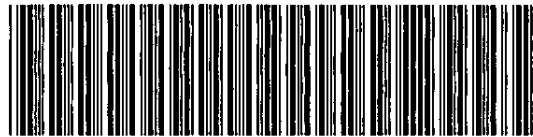
(Business Entity Name)

(Document Number)

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02/21/17--01036--009 **25.00

FILED
17 MAR -6 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR . 8 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2017

TREVOR J SANDS
12992 NW 6TH COURT
PEMBROKE PINES, FL 33028

SUBJECT: AMERICAN EAGLE TRANSPORTATION OF FLORIDA L.L.C.
Ref. Number: L17000027636

RECEIVED
2017 MAR -6 PM 3:07
TALLAHASSEE, FLORIDA

We have received your document for AMERICAN EAGLE TRANSPORTATION OF FLORIDA L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 1 OF 3 IS MISSING.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Scott
Regulatory Specialist II

Letter Number: 917A00003456

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Eagle Transportation of Florida L.L.C.
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:

Trevor, J Sands
Name of Person

Firm/Company

12992 NW 6th Court
Address

Pembroke Pines, FL 33028
City/State and Zip Code

trevor.sands74@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trevor Sands at (786) 287-8576
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

American Eagle Transportation of Florida L.L.C.

(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 2.3.17 and assigned Florida document number L17000027636.

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

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TALLAHASSEE, FLORIDA

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>
<u>MGR</u>	<u>Trevor J. Sands</u>	<u>12992 NW 6th Court</u>	<input checked="" type="checkbox"/> Add
		<u>Pembroke Pine FL 33028</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Yolande E. Sands</u>	<u>12992 NW 6th Court</u>	<input type="checkbox"/> Add
		<u>Pembroke Pines FL 33028</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Janet C. Sands</u>	<u>5311 NW 8th Ave</u>	<input type="checkbox"/> Add
		<u>miami, FL 33127</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Angela S. George</u>	<u>5311 NW 8th Ave</u>	<input type="checkbox"/> Add
		<u>miami, FL 33127</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Roscoe, J. Sands</u>	<u>19520 NW 11 Ave</u>	<input type="checkbox"/> Add
		<u>miami, FL 33169</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE

[illegible]

(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)

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AM 10:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated 2/17/17, 2017

Signature of a member or authorized representative of a member

Trevor J. Sands

Typed or printed name of signee