L170000041741

(Re	equestor's Name)	_
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Office Use Only



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Y SULKER



October 31, 2019

ANDREWS TRANSPORTATION LLC 15078 CHAPTER WAY WINTER GARDEN, FL 34787

SUBJECT: ANDREWS TRANSPORTATION LLC

Ref. Number: L17000041741

We have received your document for ANDREWS TRANSPORTATION LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Letter Number: 819A00022527

Yasemin Y Sulker Regulatory Specialist III

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Name of Limi	poetation LLC ted Liability Company	
		,	
The enclosed Articles of Am	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	<u>_</u>	ic Dance	
		Name of Person	
	A	Indeens 121.	"portation
		Firm/Company	•
	3	hapter Way	
	Winte	の City/State and Zip Code	FL. 34787
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	E-mail address: (to	o be used for future annual re	port notification)
For further information conc	erning this matter, please ca	11:	
ERIL Ans	rtus	at (,2,14)	909-2406
Name of Pe	rson	Area Code	909 - 2406 Daytime Telephone Number
Enclosed is a check for the fe	ollowing amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Ex \$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

- Swania	2ansportation	210	
(<u>Name of the Limited Li</u> (A F	ability Company as it now a orida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited Liabili	ty Company were filed o	n <u> 2 è 19</u>	and assigned
Florida document number <u>(17000041741</u>	 :	, .	
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability compa	ny here:	
The new name must be distinguishable and contain the words	"Limited Liability Company,"	the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	.		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET AI	DDRESS)		·
Enter new mailing address, if applicable:	<u></u>		20
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
B. If amending the registered agent and/or r registered agent and/or the new registered office		s on our records, <u>en</u>	ter the name of the nev
registered agent and/or the new registered office	additess liere.		
Name of New Registered Agent:	SILVANA	ANDREWS	
New Registered Office Address:			
	Ente	r Florida street address	
_		, Florida	i
_	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
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Note: If	the date inserte	r than the date of the date must be spec- ed in this block does to on the Departme	s not meet	the applicat	date of filing le statutory	or more than filing require	(option 90 days after fi ements, this c	ling.) Pursuant to late will not be	605.0207 (3)(b listed as the
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Page 3 of 3

Filing Fee: \$25.00