Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001335473)))



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To:

Division of Corpola
Fax Number : (850)617-6385

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC NUMBER : (20170000039)
Phone : (407)301-2659
Fax Number : (407)846-0320

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WY TRANSPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Monu

O SIMMONS JUN 1 6 2017

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WY 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:
Wilfredo Hernandez
WY Transport LLC
3925 Wind Dancer Cir
Saint Cloud R 34772  City/State and Zip Code
E-muil address: (to be used for future animalization)
For further information concerning this matter, please call:
Wilfredo Heenandez at 407 3469032  Nume of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25,00 Filing Fee S30,00 Filing Fee & S55,00 Filing Fee & S60,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S25,00 Filing Fee & S60,00 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, Ft. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wy Jra	usport LLC
(Name of the Limited Lish (A Flor	hility Chimpany as it now appears on our records.) inda Limited Irability Company)
The Articles of Organization for this Limited Liability Florida document number 170008708	
This amendment is submitted to amend the following:	;;
A. If amending name, enter the new name of the li	Limited Liubility Company here:
The new name must be distinguishable and contain the words "I	Limited Liubility Company," the designation "LLC" or the abbreviation "LCTC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE ROX)	2
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the ne
	:
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	, Florida
	City Zip Code

New Repistered 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

\_□ Change

AMBR = Authorized Member

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Type of Action Address Title Name AMBR Wilfredo Heenandez 3925 Wind Dancer Cir Dance Saint Cloud, FC 34772 ☐ Change □ Add ☐ Remove ☐ Change JUN 25 AM ☐ Remove ☐ Change □ Add ☐ Remove Change □ Add ☐ Remove

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-			TILL 06 VISION OF CORPORALION
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(If an effective date is listed, Note: If the date inserte	than the date of filing: the date must be specific and cannot be prior d in this block does not meet the applic c on the Department of State's records	to dute of filing or more than 90 days able statutory filing requirements.	optional) ufter filing.) Pursuant to 605.0207 (3 , this date will not be listed as the
f the record specifies b) The 90th day afte	a delayed effective date, but no r the record is filed.	ot an effective time, at 12:0	01 a.m. on the earlier of:
Dated June	15 2017  Signature of a member or auth	norized representative of a member	
		nandez	

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Filing Fee: \$25.00