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FILED SECRETARY OF STATE TALLAHASSEE.FLORID

COVER LETTER

SUBJECT:	REGIONAL EXPRESS TRA	ANSPORT, LLC				
SOBJECT:	Name of Lin	nited Liability Company				
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.				
Please return all corr	espondence concerning this matter	to the following:				
	SHARON C.	BRANNAN				
		Name of Person				
	SHARON C. I	BRANNAN, CPA PA				
		Firm/Company				
	161 N. MAIN	STREET				
		Address				
	WILLISTON,	WILLISTON, FL 32696				
	-	City/State and Zip Code				
	E-mail address: (to be used for future annual re	eport notification)			
For further informati	on concerning this matter, please c	all:				
SHA	ARON BRANNAN	352	528-6558			
Na	me of Person	at () Area Code	Daytime Telephone Number	-		
Enclosed is a check (for the following amount:					
■ \$25.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of St	tatus &		

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

NSPORT, LLC		
pany as it now appeared Liability Company)	rs on our records.)	
ny were filed on	05/18/17	and assigned
ability company h	ere:	
ability Company," the c	lesignation "LLC" or th	e abbreviation "L.L.C."
		
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office address or ere:	our records, <u>ent</u>	ter the name of the new
Enter Flo	rida street address	
truer P10	. MAI 311 EET LUKIT E33	
City	, Florida	Zip Code
	ability Company he confice address or ere:	ny were filed on

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>	Type of Action
MGR	DREW MYHREE	4850 NE 190TH AVE	
		WILLISTON, FL 32696	Remove
		<u></u>	☐ Change
MGR	JEFFREY BRANNAN	335 NW 6TH STREET	Add
		WILLISTON, FL 32696	■ Remove
			☐ Change
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			Change
			Remove

	
	
	
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fective date, if other than the date of filing: (open effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft	tional)
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, the cument's effective date on the Department of State's records.	his date will not be listed as the
culter s effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier of:
The 90th day after the record is filed.	
ntedFEBRUARY (3	
Signature of a define of a schorized representative of a member	
Signature of the interior additional representative of a memori	

Page 3 of 3

Filing Fee: \$25.00