L17000147326

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2017 JUL 19 PH 3: 21

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: / 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:
Leona McMillan
Leona McMillan Name of Person Interstate Wiz LLC Firm/Company
6401 S. West shore Blvd 1524
Tampa, FL 33616 City/State and Zip Code Leona Mc Millan 28 @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leona Mc Millan at (813) 520 7106 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Gertificate of Status}\$ Certificate of Status \$\Bigcup \text{Certified Copy (additional copy is enclosed)}\$ 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

Interstate V	Niz	110			
(Name of the Limited Liability Co	ompany as it	now appears on Company)	our records.)		
		· 			
The Articles of Organization for this Limited Liability Comp	any were fi	iled on	uly 10,2	017 and assigne	ed ed
Florida document number <u>L17000147326</u> .			J		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	<u>liability co</u>	mpany here:			
Interstate Wiz Trai	ns port	tation	LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Com	pany," the design	nation "LLC" or the a	bbreviation "L.L.C.	,,
Enter new principal offices address, if applicable:			<u> </u>		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>			720 Zan	
		 			<u> </u>
				IASS	
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·	#3-1: 	
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	
				<u> </u>	
D. If any older the projection of any decision was interested					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		naress on ou	r records, <u>enter</u>	the name of t	ne nev
					
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida s	treet address		
			, Florida		
 	City	у		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
AMBR	Matthew Mc Millan	6401 S. Westshore Blvd 1524 WAdd
		Tampa, FL 33616 - Remove
		Change
AMBR	Leona Mc Millan	6401 S. West shore Blid 1524 Add
		6401 S. West shore Blid 1524 Add Tampa, FL 33616 Remove
		Change
		
		□ Remove
		Change
 		
		П Remove
		Change
		Addi
		ALL Regiove TASSITION
		SS C Change
		Stronge I
		Add C
		80. 21
		Remove
		Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)
Matthew McMillan and Leona Mc Millan	are
Matthew McMillan and Leora McMillan already listed as authorized managers Should be members.	but
3nou 10 Be Members,	
Effective date, if other than the date of filing: (option (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 fil	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.r.b) The 90th day after the record is filed.	n. on the earlier of:
Dated July 14, 2017 2017.	
Signature of a member or authorized representative of a member	20
Leona McMillan Typed or printed name of signee	AHASS
Typed or printed name of signee	
Page 3 of 3	3: 21 5: A : E : OR IDA

Filing Fee: \$25.00