117000147(del

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,





000303155680

09/01/17--01012--013 **25.00

BHOLEFURABIO OLO BOLS IN 15. 148

O STIVIMIONS SEP - 6 2017

COVER LETTER

TO: Registration Se Division of Cor			
AMT TRANSUBJECT:	NSPORT LLC		
SUBJECT.	Name of Limi	ited Liability Company	
	Amendment and fee(s) are subsendence concerning this matter	-	
	ANDY M TATE		
		Name of Person	
	AMT TRANSPORT LLC		
	and handers	Firm/Company	
	3916 RON ROAD		
		Address	·
	GREEN COVE SPRINGS,	, FL 32043	
	AN AT ATT AN AN ADDRESS A	City/State and Zip Code	
	AMT.TRANSPORT@REA E-mail address: (1)	GAN.COM to be used for future annual report notific	vation)
For further information c	oncerning this matter, please ca	all:	
ANDY M TATE		904 657-9122 at()	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

AMT TRANSPORT LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 7/10/2017	and assigned
Florida document number L17000147661		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		0 4
(Principal office address MUST BE A STREET ADDRESS)		SP TIL
Enter new mailing address, if applicable:		量量 巴
(Mailing address MAY BE A POST OFFICE BOX)		9: 4.8
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	· —	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Con Charles H	
	Enter Florida street address	
	, Florid	
	Citv	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
MGRM	ANDY M TATE	3916 RON ROAD	
		GREEN COVE SPRINGS, FL 320	Remove
			☐ Change
			Remove
			Change
			□ Remove
			Change
			Remove
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

_		***		
_		·		
_				
_				
_				A SEP - M 9.
_		,		SE
		,		五二
-				至
-		-		
-	···	7		
-			-	
_				
_				
_			1	
-			•	
-			n - n -	
an eff <u>ote:</u>	ffective date is listed, the date must be specific and cannot be if the date inserted in this block does not meet the ament's effective date on the Department of State's reconstruction.	applicable statutory fil	(options more than 90 days after fili ing requirements, this da	ng.) Pursuant to 605.0207
	ecord specifies a delayed effective date, but e 90th day after the record is filed.	ut not an effective	time, at 12:01 a.n	n. on the earlier of
ated	(MA)	or authorized representati	ve of a member	
	Signature of a member of	or authorized representati	ve of a member	

Page 3 of 3

Filing Fee: \$25.00