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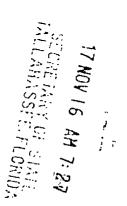
(Red	questor's Name)
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Special Instructions to F	iling Officer:	

Office Use Only



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COVER LETTER

: Registration Section Division of Corporations	
BJECT: FIRESTONE CON	SULTING AND TRANSPORTATION LLC
e enclosed Articles of Amendment and fee(s) are submitt	ted for tiling.
ase return all correspondence concerning this matter to the	-
•	FIRESTOALE Name of Person
FIRESTONE CON	Firm/Company
16 Pauxiee 7	
Malvern,	DH 44644 City/State and Zip Code ED YAHOO, COM
FIRSTONE STEVE E-mail address: (to be	e used for future annual report notification)
further information concerning this matter, please call:	
Name of Person	at (330) 868-8547 Area Code Daytime Telephone Number
closed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	STREET/COURIER ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

1:

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FireSTONE ONSLICTION AND IMPSFORTATION

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

ne Articles of Organization for this Limited Liabi	lity Company were filed on July 21, 2017 and assigned
orida document number <u>L 1700015</u>	<u>681</u> 1
nis amendment is submitted to amend the following	ng:
If amending name, enter the new name of the	e limited liability company here:
e new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable	e:
Principal office address MUST BE A STREET A	(DDRESS)
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	<u></u>
If amending the registered agent and/or	registered office address on our records, enter the name of the new
gistered agent and/or the new registered office	
	· ·
Name of New Registered Agent:	
New Registered Office Address:	700 8 00 8
	Enter Florida street address
_	Florida 🗂 🖘 🔼
	City Zip Code :
ew Registered Agent's Signature, if changing Regi	
rovisions of all statutes relative to the proper a ecept the obligations of my position as register	gent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is istered office address, I hereby confirm that the limited liability ange.
	If Changing Registered Agent, Signature of New Registered Agent

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

GR =	Manager	
MBR =	Authorized	Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
<u>16R</u>	MARY-ANNE MCKENZIE		🗀 Add
		8750 ROSE CRT FORT MYERS	Remove
			Change
			Add
			Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00