

L17000214584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

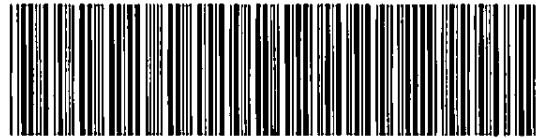
(Business Entity Name)

(Document Number)

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10/27/17--01025--020 \*\*25.00

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17 NOV 13 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. LEGGETT  
NOV 13 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2017

NOLA J. STEELE  
1011 MAGNOLIA AVE  
ST. CLOUD, FL 34769 US

SUBJECT: CORBITT TRANSPORT LLC  
Ref. Number: L17000214584

We have received your document for CORBITT TRANSPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FILING IS MISSING PAGE 1. PLEASE INCLUDE ALL THREE PAGES AND RESUBMIT.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 817A00022110

2017 NOV 13 PM 3:06

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Corbitt 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:

Nola J Steele

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1011 Magnolia Ave

\_\_\_\_\_  
Address

St. Cloud, FL 34769

\_\_\_\_\_  
City/State and Zip Code

Corbitttransport@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nola J. Steele

321

437-7889

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

*Paid*

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**

Corbitt Transport, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/17/17 and assigned  
Florida document number L17000214584.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Patrick D Corbitt	4664 Hickory Tree Ln.	<input type="checkbox"/> Add
		St. Cloud, FL 34772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shannon N Corbitt	4664 Hickory Tree Ln.	<input type="checkbox"/> Add
		St. Cloud, FL 34772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nola J Steele	1011 Magnolia Ave.	<input checked="" type="checkbox"/> Add
		St. Cloud, FL 34769	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 NOV 13 PM 4:08  
STATE  
SEVEN  
TALLAHASSEE FLORIDA

FILED  
17 NOV 13 PM 4:08  
ST. JOHNS AFB  
TALLAHASSEE, FLORIDA

(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 filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 9th, 2017

Nela J. Steele  
Signature of a member or authorized representative of a member

Nola J. Steele

Typed or printed name of signee