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COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Family Transport Services, 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:
Christina Gonzalez Name of Person
Firm Company
34013 Alameda Drive
Sorrento, FL 32776 City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christina Gonzalez at (407) 810 5668 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status & \Bigcup Certificate of Status & \Bigcup 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, FI, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	A Services LL ompany as it now appears on our rec ited Liability Company)	Cords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>200307444352</u>	pany were filed on <u>Jan S</u>	2018 and assigned
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 L	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	<u> </u>	== 8 1510 15035
		DN CREAT
		- 1 con [27]
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		30 10 H
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street ad	dress
		Florida
Non-Depictured Aponts Simplings if shanning Desistand Aponts	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address 34013 Alameda Drice	Type of Action
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Effective date, if other If an effective date is listed, the	than the date of fil	ling:		(optiona	l)
If an effective date is listed, the Note: If the date inserted	ne date must be specific I in this block does no	and cannot be prior to of meet the applica	to date of filing or mor able statutory filing	re than 90 days after filin requirements, this dat	ig.) Pursuant to 605.0207 te will not be listed as
document's effective date	on the Department of	of State's records.		·	
	dala - d - 66		ee		
he record specifies a The 90th day after	the record is file	e date, but not ed.	an effective tir	ne, at 12:01 a.m	. on the earlier of
Dated June	4	<u>2018</u>	<u> </u>		
Dated			\sim		
Dated	Martina	α	. /		
(Motiva Signature o	f a momboy or autho	rized representative o	f a member	

Page 3 of 3

Filing Fee: \$25.00