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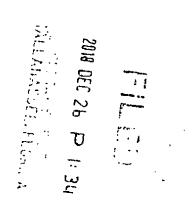
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JAN 08 200 T. LEWIEUX

COVER LETTER &

TO:	Registration Section Division of Corpor			
SUBJ	ест: <u>Fami</u>	Name of Limi	YA SENTICES LUited Liability Company	<u>C</u>
The er	nclosed Articles of Ami	endment and fee(s) are sub-	mitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
	,	Onrist	Name of Person	
			Firm/Company	
		34013	Alameda Dn	ie
		Sorrert Fts 3 B-mail address: (1)	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	il. com
For fu	rther information conce	rning this matter, please ca	att:	
_0	Mristona (5 on 2aloz	at (<u>407, 409 –</u> Area Code Daytime	3001 Telephone Number
Enclos	sed is a check for the fo	llowing amount:		
		3 \$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

Family Transport	Services,	ue FILEU
	mited Liability Company)	0010 000
The Articles of Organization for this Limited Liability Com	npany were filed on <u>、)</u> くるえろ	JAN 5,2018 and assigned JACLANASSEE TOMEA
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company her	re:
The new name must be distinguishable and contain the words "Limited	I Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records. enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	da street address
	City	, Florida 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 = Ma $AMBR = Au$	nnager nthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBIR	Orlando Martinez	34013 Alameda Dr. Sorrento Fi 32776	
			Remove
		34013 Alamoda Dr.	Change
AMBR	Jose Gonzalez	Scrento PL 32776	Add
			Remove
			Change
			Change
			Remove
			Change
			□ Remove
			D Change
			D Add
			□ Remove
			Change

Note: If	date, if other than the date of filing:
the recor) The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
Dated	Dec 20, 2018
	Signature of a member or authorized representative of a member
	Christma Gonzalez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00