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## **COVER LETTER**

Division of Corpo				
SUBJECT: 60+	la Go Tran	Sporta-10n me of Limited Liability	L Towing LL	<u>C</u>
Dear Sir or Madam:				
The enclosed Statement of	Correction and fee(s) are	submitted for filing.		
Please return all correspon	dence concerning this ma	itter to the following:		
Abdulro	Ahman A	bdulal		
Gotta Go	Transport	ation 27	owing LLC	
7287 We	st Beaver	St. Jacks	sonville, FL 3	32254
Cit	/State and Zip Code			117
transportui		eport notification)	l. com	÷ ;
For further information co	ncerning this matter, plea	se call:		. • ,
Abdul rahma	un Abdulcil Person	at (203)	909 71 70  Daytime Telephone Number	<del>.</del> -
STREET/COURIER AT Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	rele	Re Dir P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314	
Enclosed is a check for t	he following amount:			
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy	

CR2E062 (9/15)

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to sec	etion 605.0209, F.S., this document is being submitted to correct a previous	Ily filed document.	\ <i>l</i>
FIRST: The n	ame of the limited liability company is:	portario	
	Tourse		
SECOND:	The Florida Document number of the limited liability company is:	<u> 1800000</u>	14884
THIRD:	The Florida Document number of the limited liability company is:  Document to be corrected is: Electronic Articles of	Organization	<u> </u>
	CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLI		
	tins an incorrect statement. The incorrect statement, the reason the statement	nt is incorrect, and the	he corrected
staten	nent are as follows:	ì	•
<u>a i</u>	1133119 1 0/14/2 (0/1/20/19/1/01/2	0 =	
1+	shows as: Gotta Go Transporation	7 × 10001	19 LLL
<u>an</u>	missing "T" on the Company name shows as: Gotta Go Transporation d hus to be: Gotta Go . Transportation	on 4 Tou	sing LLC
<u>OR</u>			
☐ Was o	defectively signed. The manner in which the document was defectively sign	ned and the appropr	iate correction are
as fol			
			<del></del>
<u>OR</u>			- -
	Plectronic transmission of the record was defective.  19 DUUMMAN ADUU ICII	5/4/18.	* 5
	Signature of Authorized Representative	Date	<del></del>
		Date	•
Signature of naccepting the	new registered agent, if applicable :( NOTE: if correcting the registered ager designation)	nt, the new registere	d agent must sign
			-
Thereby accep	ed Agent's Signature, if changing Registered Agent: pt the appointment as registered agent and agree to act in this capacity. I fix		
obligations of	all statutes relative to the proper and complete performance of my duties, a I my position as registered agent as provided for in Chapter 605, F.S. Or, if	this document is be	ing filed to merely
reflect a chan of this change	ge in the registered office address. I hereby confirm that the limited liability .	y company has been	notified in writing
	Registered Agent's Signature		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (options	al)	