L18000008973

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE
DIVISION OF CORPORATION

N COOPER AUG 0 9 2018

COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

. Divis	sion of Cor	rporations		
SUBJECT: _	Transp	ortation Management Group, L	LC	
Jobnie I.	·		ited Liability Company	
The enclosed .	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ondence concerning this matter	to the following:	
		William J. San	<u> </u>	
			Name of Person	
			Transportaiton Mangement Group	p, LLC
			Firm/Company	
			6208 Ridge Rd	
			Address	
			Port Richey, FL 34668	
			City/State and Zip Code	
			signaturetaxi@gmail.com to be used for future annual report not	ification)
For further inf	formation c	concerning this matter, please concerning	all:	
Joye	ce L. Felm	lv	21 (727) 30 W	7685
Name of Person		at (<u>727</u>) <u>304</u> Area Code Daytir	ne Telephone Number	
		he following amount:	□ \$55.00 P.Way Pag 8	□ 660 00 P25au Pau
⅓ \$25.00 Fil	iing ree	☐ \$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)
		ING ADDRESS: ration Section	STREET/COUR Registration Secti	
		on of Corporations	Division of Corpo	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Transportation Mangement Group LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on01/10/2018	and assigned
Florida document numberL18000008973		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	O
Enter new principal offices address, if applicable:	<u></u>	18 SEC
Principal office address MUST BE A STREET ADDRESS)		OG SKE
		- 6
		13
Enter new mailing address, if applicable:		ORAI
Mailing address MAY BE A POST OFFICE BOX)		22 22
3. If amending the registered agent and/or registered of segistered agent and/or the new registered office address here. Name of New Registered Agent:		enter the name of the
N D ' 1007 A11		
New Registered Office Address:	Enter Florida street address	•
	, Floric	da
	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>	Type of Action
AMBR	William Sanger	11329 Scallop Dr Port Richey, FL 34653	🖾 Add
			□ Remove
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			□ Remove
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n effective date te: If the da	, if other than e is listed, the date te inserted in the ective date on the	e must be specifi is block does:	ic and cannot be not meet the a	e prior to date o applicable sta	of filing or mor	e than 90 day			
he 90th d	ecifies a dela lay after the	record is fi	led.				:01 a.m. d	on the ear	rlier d
		2018	of a member o	· ·					

Page 3 of 3

Filing Fee: \$25.00