# 118000100259

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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### **COVER LETTER**

	istration Sec			-
SUBJECT:		CIALIZED TRANSPPORTA	TION LLC	
Separate I.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		ROBERT DON FERGUS	ON	
			Name of Person	
RND'S SPECIALIEZED TRANPORTATION LLC				
		•	Firm/Company	
		P O BOX 19855		
			Address	
		WEST PALM BEACH, FI	LORIDA,33416	
			City/State and Zip Code	<del></del>
	•	RNDSSPECIALIST@YAF		
		E-mail address: (	to be used for future annual report notifi-	cation)
For further in	formation co	oncerning this matter, please ca	all:	
ROBERT FE	ERGUSON		561 506-0895	
Name of Person Area Code Daytime Telephone Number				
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling 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)

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

RND'S SPECIALIZED TRANSPORTATION LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
he Articles of Organization for this Limited Liability Company v	were filed on 4/20/2018	and assigned
lorida document number L18000100259		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabil	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		SIOR SIOR
		Y PAR
nter new mailing address, if applicable:		COR COR
Mailing address MAY BE A POST OFFICE BOX)		T SI
		NIE NIE
		70
3. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here:	· •	nter the name of the
	•	
Name of New Registered Agent:		
New Registered Office Address:	G	
	Enter Florida street address	
	, Florid	
	City	7in 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>	Address	Type of Action
MGR	DARLENE A FERGUSON	1780 WOODHAVEN DR	
		PALM SPRINGS, FL 33406	☐ Remove
			■ Change
			□ Add
			Remove
			Change
<del></del>			Add
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*						····		<u> </u>
Effective date, if other tha	n the date of f	iling:				(optiona	i)	
f an effective date is listed, the d Note: If the date inserted in								
document's effective date on						,		
ne record specifies a de The 90th day after th			out not a	effective	time, at	12:01 a.m	. on the e	arlier of
Dated MAY 9	1	2018	8					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00