L18000101978

(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:





600312322796

04/27/18--01017--031 **60.00

IT IL CLU

MPR 27 PM 3: 25
SECRETARY OF STATE

B FIGUEROA MAY 0 7 2018

COVER LETTER

Divisio	on of Corp	orations		
D SUBJECT:	EPENDAE	LE TRANSPORTATION LL	C	
		Name of Limi	ited Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return al	l correspon	dence concerning this matter	to the following:	
		ERNEST SMALLS		
			Name of Person	
		DEPENDABLE TRANSPO	ORTATION LLC	
			Firm/Company	
		1821 TROPHY BASS WA	Y	
			Address	· · · · · · · · · · · · · · · · · · ·
		Name of Person DEPENDABLE TRANSPORTATION LLC Firm/Company 1821 TROPHY BASS WAY		
			City/State and Zip Code	
		_		
		E-mail address: (to be used for future annual report notific	cation)
For further info	rmation co	ncerning this matter, please ca	all:	
ERNEST SMA	LLS			
	Name of	Person		Telephone Number
Enclosed is a cl	heck for the	e following amount:		
□ \$25.00 Fili	ng Fee	_	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

DEPENDABLE TRANSPORTATION LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000101938</u> .	were filed on APRIL 23, 2018 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:			
SMALLS EXPRESS TRANSPORTATION LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1821 TROPHY BASS WAY			
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34746			
	1921 TRONIN DARG WAY			
Enter new mailing address, if applicable:	1821 TROPHY BASS WAY			
(Mailing address MAY BE A POST OFFICE BOX)	Idress MAY BE A POST OFFICE BOX) KISSIMMEE, FL 34746			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	<u>e:</u>			
New Registered Office Address:	LLA A			
	Enter Florida street address			
	City, Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	ST 😀 🖫			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			

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
AR	LATORIA SMALLS	1821 TROPHY BASS WAY	
		KISSIMMEE, FL 34746	■ Remove
			☐ Change
		_	Add
ć			☐ Remove
			☐ Change
		_	□ Adđ
		 	□ Remove
			□ Change
			Add SECRETARY Change
			Remove
			☐ Change
		_	Add
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	essary.)	
		_
		_
		_
		_
		_
		_
		_
	2018 / SEC	_ 54199
	APR 2	- r
	SEE F	_
	H 3: 25 F.STATE FLORIDA	
	<u> </u>	-
		_
		_
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuant to 60	
the record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	a.m. on the ear	lier of:
Dated		
Touch		
Signature of a member or authorized representative of a member		
Eng of Small V. Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00