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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER MAY 3 0 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SUNSTATE AUTO TRANSPORTATION LLC Name of Limited Liability Company
·
The enclosed Articles of Amendment and feets) are submitted for filling
Please return all correspondence concerning this matter to the following
Robin Retzlaff
SUNSTATE AUTO TRANSPORTATION LLC
3817 Oldfield Trail
Jacksonville, FL 32223 City. State and Zip Code
Lsunstate 19 (Comcast, net E-mail address (to be used for tuture annual report notification)
For further information concerning this matter, please call:
Robin Retzlaff  at (904) 687-8584  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25 00 Filing Fee □ \$30 00 Filing Fee & □ \$55 00 Filing Fee & □ \$60,00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SUNSTATE AUTO TRAINSPORTATION LLC (Same of the Limited Liability Company, as it now address to sour records.) (Strong Limited Liability Company)

The Articles of Organization for this Limited Liability Company of	vere filed on $M$	<u> 4917,20∫</u> 8 and assigned
Florida document number L180001240	<b>0</b> 3	,
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new manie and the distinguishable and contain the world. (Climical United)	تولديد جاد ", رئيسيساء ر	marcon Figure On the address timents (12.57.57
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		<del></del>
B. If amending the registered agent and/or registered off	ice address on ou	r records, enter the name of the new
registered agent and/or the new registered office address here	:	
Name of New Registered Agent:		<del></del>
New Registered Office Address	t ner Hondo s	tout a bloce
	• • • • • • • • • • • • • • • • • • • •	
	CHY	Florida
New Registered Agent's Signature, if changing Registered Agent:		·
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pi being filed to merely reflect a change in the registered office of	erformance of my rovided for in Chaj	duties, and Lam familiar with and over 605, F.S. Or, if this document is
company has been notified in writing of this change.		

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE DIVISION OF CORPONATIONS 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> .	Name	Address Oldfield Toll	Type of Action
MGR	Robin Retzlaff	Addrew 3817 Oldfield Trail Jacksonville, FL 32223	<b>Ø</b> Add
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an efi <u>ete:</u>	(optional) ictive date, if other than the date of filing: (controlled the date must be specific and cannot be prior to date of filing or more than 90 days after filing a Pursuant to 605 0203. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.
ned	may 24,2018.
	Robin Retzlaff  Typed or printed name of signee
	Pal: Datalone

Page 3 of 3 Filing Fee: \$25.00 18 MAY 29 AM 11: 112