| (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: |
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| то: | | gistration Sec ision of Corp | | | | | | | |
|-------|-----------|---------------------------------|--|--|--|--|--|--|--|
| ., | ir.ce | NATIONAL | INMATE TRANSPORT, L. | L.C. | | | | | |
| SUB | JECT: | | Name of Limited Liability Company | | | | | | |
| The | enclosed | d Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | | | | |
| Pleas | se returr | ı all correspor | ndence concerning this matter | to the following: | | | | | |
| | | | JOSHUA CATALDO | | | | | | |
| | | | NATIONAL INMATE TRAN | Name of Person SPORT, L.L.C. | | | | | |
| | | | 1818 EUGENIA COURT N | Firm/Company W | | | | | |
| | | | PALM BAY, FLORIDA 3290 | Address 07 | | | | | |
| | | | NATINMATETRANSPORT@ | City/State and Zip Code DGMAIL.COM | | | | | |
| | | | | to be used for future annual repor | 1 notification) | | | | |
| | | | neerning this matter, please ca | | 47 | | | | |
| 108 | HUA C | Name of | Person | 321 890-47 at () Area Code D | aytime Telephone Number | | | | |
| Encl | osed is | a check for th | e following amount: | | | | | | |
| ■ 5 | \$25.00 F | 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

| NATIONAL INMATE TRANSPORT, L.L.C. | i a de la constanta de la cons | | |
|---|--|--------------------|--|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) | | |
| The Articles of Organization for this Limited Liability Company volument number L18000189520 | and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | |
| he new name must be distinguishable and contain the words "Limited Liabilit | y Company," the designation "LLC" or the a | bbreviation "L.I | C." |
| Inter new principal offices address, if applicable: | | | <u> </u> |
| Principal office address MUST BE A STREET ADDRESS) | | BS | <u> </u> |
| | | م ح | 주() 국당 |
| | | 5 | S _R |
| Inter now mailing address if annicables | | | - 13 - 12 - 13 |
| • | | <u></u> | 25 . |
| Mailing dauress MAT BE A POST OFFICE BOA) | | - 13 | - |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here: | | 5 AH 6: 25 |) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 |
| Name of New Registered Agent: | | | |
| | | · - · - | |
| New Registered Office Address: | Enter Florida street address | | |
| | , Florida | | |
| | 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 |
|--------------|------------------|----------------------------|----------------|
| MGR | DAVID J. SIMMONS | 868 COUNTRY ROAD 541 | |
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| fective date, if other than the date of filing: | (optional) |
| te: If the date inserted in this block does not meet the applicable stat | |
| cument's effective date on the Department of State's records. | |
| record specifies a delayed effective date, but not an ef | fective time, at 12:01 a.m. on the earlier |
| The 90th day after the record is filed. | , |
| SEPTEMBER 19 2018 | |
| ted | |
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee