# L1900005/38/

(R	Requestor's Name)	
(A	Address)	
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(0	City/State/Zip/Phone #)	
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(E	Business Entity Name)	
(C	Document Number)	
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Sheepdog Tr Name of Limi	ransport, LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	k	Lelly Potrer Name of Person	
		Name of Person	
	She	epdog Transport	, LLC:
		Firm/Company	
	2438	SE 38th Trl	
		City/State and Zip Code  dog transport. 2012 to be dised for future annual report notifi	
For further information co	oncerning this matter, please ca	all:	
Kell Name of	Potter	at (407) 413 - Area Code Daytime	2463 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing 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

Sheepdog Transpor	+, LLC	·	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears ty Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were	e filed on	212119	and assigned
Florida document number <u>L1900051381</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	<u>company her</u>	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		····	iski American in a second seco
_			25 29 <u>—</u>
		•	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
<del>-</del>	<del> </del>		<u> </u>
B. If amending the registered agent and/or registered office	address on	our records, ent	er the name of the new
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
	**	Florida	Zip Code
	City		гір Соае
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office additionary has been notified in writing of this change.	formance of vided for in C	my duties, and 1 a Thapter 605, F.S. (	m jamuar wun ana 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
MGR	Kelly Potter	2438 SE 38th Tri Okerchobee, FL 34974	
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			□ Change
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Effective	e date, if other thar	the date of filin	<b>E</b> :		(o <sub>l</sub>	otional)		
If an effecti Note: If i	e date, if other thar tive date is listed, the dat the date inserted in that's effective date on t	e must be specific an is block does not i	d cannot be prior to meet the applicab	date of filing or mo le statutory filing	e than 90 days a requirements,	fter filing.) this date w	Pursuant to All not be	5 605,020 : listed a:
he recor The 90	rd specifies a del Oth day after the	ayed effective record is filed	date, but not a	an effective ti	me, at 12:0	1 a.m. o	n the e	arlier c
Dated	23 Apr		2019	. •				
		Signature of a	member or authori	zed representative	of a member	· <del>_</del>		_
				1eV				

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Filing Fee: \$25.00