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(Re	questor's Name)	
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COVER LETTER

Division of Cor			
SUBJECT: <u>SLA</u>	TER 5 TRANS	POZTATION, LLC ited Liability Company	<u>. </u>
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SHARONI	M. PAUNE Name of Person	
	SLATER S	TRANSPORTATION Firm/Company	ON, LLC
	329 MIN	NEOLA DRINE Address	
	ORLANDO,	FL 32835 City/State and Zip Code	
	henisc E-mail address! (th U5 Qaol Com to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
SHAPON P	AUNE	at <u>321</u>) <u>217. 5</u> Area Code Daytime	5280 Telephone Number
Enclosed is a check for th	e following amount:		
ℤ \$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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

SLATER 5 TRAIL (Name of the Limited Liability Compai (A Florida Limited L		out records.)	
The Articles of Organization for this Limited Liability Company	were filed on <u>AU</u>	GUST 1,201	and assigned
Florida document number <u>L 19ØØ Ø19(6 2 12</u> .		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
SMP TRANSPORTATION, L	LC		
The new name must be distinguishable and contain the words "Limited Liability"	ity Company," the designa	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	NA.	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		• •	9 [
		::	9 7
		29	
Enter new mailing address, if applicable:	NA		
(Mailing address MAY BE A POST OFFICE BOX)		بران در از	تن <u></u> ,
			8
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New 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 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	JAMES WILLIAMS	5417 KAREN COURT	
		ORLANDO, FL 32811	⊠ Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
		÷ 	00 Add
		·.	PRemove
		0#1DX	Change
			
			Remove
			Change
			Add
			Remove
			Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 e: If the date inserted in this block does not meet the applicable statutory filing requires ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at he 90th day after the record is filed.	12:01 a.m. on the earlie
ed OCTOBER 15 . 2019.	
Signature of a member or authorized representative of a mem	her

D.

Page 3 of 3

Filing Fee: \$25.00