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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(Di	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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JAN 3 0 2020

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500	
ACCOUNT NO.	: I2000000195
REFERENCE	: 154988 8295036
AUTHORIZATION	
COST LIMIT	: \$25.00
ORDER DATE : January 28, 2020	
ORDER TIME : 3:21 PM	
ORDER NO. : 154988-005	
CUSTOMER NO: 8295036	
	• • • • • • • • • • • • • • • • • • •
DOMESTIC AME	ENDMENT FILING
NAME: MOTOR TRANSPORT	Γ MANAGERS, LLC
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCOM	RPORATION
PLEASE RETURN THE FOLLOWING AS I	PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STAN	NDING

EXAMINER'S INITIALS:

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

COVER LETTER

	Cegistration Se Division of Co			
SUBJEC	MOTOR T	RANSPORT MANAGERS, L	LC	
		Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	ım all correspo	endence concerning this matter	to the following:	
		ANDRÉA NELSON		
			Name of Person	
		HONIGMAN LLP		
			Firm/Company	
		222 NORTH WASHINGT	FON SQUARE, SUITE 400	
			Address	
		LANSING, MI 48933		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further	r information o	oncerning this matter, please c	all:	
ANDREA	NELSON		517 377-0278 at ()	
	Name o	f Person		ne Telephone Number
Enclosed i	s 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 Address: Registration Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOTOR TRANSPORT MANAGER	RS, LLC	
(Name of the Limite	d Liability Company as it now appears on our re A Florida Limited Liability Company)	cords,)
The Articles of Organization for this Limited Lia Florida document number L19000221248	bility Company were filed on AUGUST 29	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The common must be distincted by	· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		2020 1531
(Mailing address MAY BE A POST OFFICE B	<u></u>	E 11
B. If amending the registered agent and/or re	gistered office address on our records, <u>e</u> r	iter the name of the new registered
agent and/or the new registered office address	here:	; œ
	607707	
Name of New Registered Agent:	CORPORATION SERVICE COMPANY	
New Registered Office Address:	1201 HAYS STREET	
	Enter Florida street ac	ldress
	TALLAHASSEE	, Florida ³²³⁰¹

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Kadesha Roberson Asst, Vice President 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	LINDA VILLANI	1605 MAIN STREET, SUITE 800	□Add
		SARASTOA, FL 34236	
			□Change
AP LINDA VILLANI	LINDA VILLANI	113 BELLA VISTA AVENUE	□Add
		VENICE, FL 34275	■Remove
			□Change
AMBR KHIYAYEU BORUKH	110-45 68TH ROAD	□Add	
		FOREST HILLS, NY 11375	≣Remove
AMBR	BORUKH KHIYAYEU	110-45 68TH ROAD	■ Add
		FOREST HILLS, NY 11375	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Chance

_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
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_	
_	
-	
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fan effect <u>Note:</u> If	e date, if other than the date of filing:
record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1/27 2020 Hillu
	Signature of a member or authorized representative of a member
	Stuart Hollawler

Filing Fee: \$25.00