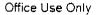
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Special Instructions to F	iling Officer.	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 12 K Transportation LLC Name of Limited Liability Company
Name of Limited Liability Company Name of Limited Liability Company Name of Limited Liability Company The enclosed Articles of Amendment and Fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Antoine N. Bagwell Name of Person
13 K T Conspany
1501 N 154h St L pt 10
LU42 F1 33549 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 229-986-0726 Cell
Mame of Person Area Code Daytime Telephone Number Certage
Enclosed is a check for the following amount:
© \$25.00 Filing Fee
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 120000 292813.	were filed on $9-17-2620$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15101 N 15th St LOTIO
(Principal office address MUST BE A STREET ADDRESS)	LU+2 F1 33549
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15101N15H5+ Lot10 Lutz F1 33549
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent:	the Stays the Same
New Registered Office Address: 1510	Enter Florida street address
Lat	2 Florida 33549 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 a 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 rerson(s) authorized to manage, enter the title, name, and address of each person being address of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
	i		□Remove
			□Change
	- / / /		□Add
		/ (□ Remove
			□Change
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