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## **COVER LETTER**

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Registration Section

TO:

Division of Corpo	orations			
V SUBJECT: <u>REAS</u>	Read runner Name of Lim	Transportation ited Liability Company	, UC	
	mendment and fee(s) are sub			
Please return all correspond	dence concerning this matter	to the following:		
	<u>SHAWN</u>	REDDMAN Name of Person		
		Firm/Company		
	16653 SW	815 S+ Address		
	Pembroke Pir	City/State and Zip/Code		
For further information cor	E-mail address: (	gmail. Cem to be used for future annual report not all:	ification)	
SHAWN RED Name of I	<b>DMAN</b> erson	at ( <b>365</b> ) <u>467 - 6</u> Area Code Daytin	O 7 7 2 ne Telephone Number	-
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of S Certified Copy (additional copy) is	tatus 🔀
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	rporations	Street Address: Registration Sed Division of Co. The Centre of 2415 N. Monro Taflahassee, Fl	rporations \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1. ED 28 All: 24

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reds Rodruner Transcription (Name of the Limited Limited Limited Limited Limited Limited)	ns Dortation L.C. uny akit now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Sip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this docum <b>ent i</b> s

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u> <u>Name</u>		Address	Type of Action			
AMBIL	Shawn Reddman	Address 10653 SW 8th St Pembroke Pines, Fl.33025	Ndd			
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