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(Requestor's Name)
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D. BRUCE FEB 25 2011

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	orations			
SUBJECT: Elysic	AN Fields Trans	Sportation Services ited Liability Company		•
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
	idence concerning this matter	_		
r lease return air correspon	dence concerning this matter	to the following.		
	CharleshFo	Name of Person		
		ds Transportation !	Services	
	815 middle R	NET Dr Apt 210		
	Fort Landerda	le /FL 33304 City/State and Zip Code portation (6 gines). Code to be used for future annual report notifies		
	Flusiantrans	ostution la rinoi . C	.o*^	
	E-mail address: (to be used for future annual report notification	ation)	2022
For further information co	ncerning this matter, please ca	all:		(T) ·
Charles A.	fox	at <u>530</u>) <u>312 - 300</u> Area Code Daytime T	7	17 P
Name of	Person	Area Code Daytime 1	'clephone Number [73].	2022 FEB 17 PM 12: 44
Enclosed is a check for the	following amount:		1.6	4-
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	tus &
Mailing Address Registration S Division of Co	ection	Street Address: Registration Secti Division of Corpo	orations	
P.O. Box 6327	7	The Centre of Tal	lahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIUSIAN helds (ranspe (Name of the Limited Liability Comp. (A Florida Limited		ncとら ords.)				
The Articles of Organization for this Limited Liability Company	were filed on $\frac{ 2 }{2^{n}/2}$	and assigned				
lorida document number L2200664459						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	· · · · ·					
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "I.	LC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	N/A					
(Principal office address MUST BE A STREET ADDRESS)		S 20				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	T B T T T T T T T T T T T T T T T T T T				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered				
Name of New Registered Agent: New Registered Office Address: NA A	Enter Florida street ada City	Florida NA				
New Registered Agent's Signature, if changing Registered Agent	i					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is				

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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	Charles A. Fox	sis Middle River Dr Aptric	_ diAdd
		Ft. Louderdonle, FL 33304	_ 🗆 Remove
		,	_ □Change
			_ □Add
			_ □Remove
			_
			_ 🗆 Add
		SECAL SEASON	Remove
		11 (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	_ BAdd
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			□ Change

Just	wanted	to Ch	ange	Charles	Fox	MG	K 1, U	Nona	CKC !
Thank	you for	r make	<u>~~</u>	Change	<u></u>	 -		<u>. </u>	
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ote: If the date i	other than the date must be inserted in this block ive date on the Department	k does not meet i	the applic	able statutory fili			ing.) Purs		
record specifies a is filed.	a delayed effective o	late, but not an e	ffective ti	me, at 12:01 a.m.	on the earli	er of: (b)	The 901	th day a	ifter the
ated Fe.b	11 th	<u> </u>	(OJ)						
	Si	gnature of a memb	per or author	orized representativ	e of a membe	.			-
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