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COVER LETTER

Division of Corporations
SUBJECT: VUT TRANSPORTATION LA 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:
Samm T. Thomas
AUST TRANSPLYTATION Firm/Company
97 N MFW WARRINTON DO
PENSACUA FLORIDA 37506 City/State and Zip Code
MITTHOMAS @ (MAIL COM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SCHMM T. Thu MCS at 253: 44-6883 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limitee	Liability Company as it now appears on our records.) N Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number	bility Company were filed on DU (05) 2+ and assigned 200.
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of the new name of the new name must be distinguishable and contain the work.	the limited liability company here: Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principul office address MUST BE A STREET	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>AH</u> :: 27
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registered here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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.

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>	<u>Address</u>	Type of Action
			□ Remove
			□ Change
			🗖 Add
			Remove
			Change
			🗆 Add
			□Remove
			Change
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	ng.) Pursuant to 60	05.0207 (3) sted as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m b) The 90th day after the record is filed.	i. on the earl	ier of:
Dated DOLLD DOLLD DOLLD		
signature of a member or authorized representative of a member	_	
Typed or printed name of signee		

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Filing Fee: \$25.00