## M0200000a611

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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Fast Transp Name of Foreign	DOFF LLC Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Michele Borislow Name of Person	
Firm/Company	
1045 S. Ocean Byd.  Address	
Palm Beach, PL 334 City/State and Zip Code	180
Shelborislow @ aol. 6 E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, p  Cabrera  Name of Person	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:  \$25 Filing Fee \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy
CR2E055 (12/13)	

October 16, 2014

MICHELE BORISLOW 1045 S OCEAN BLVD PALM BEACH, FL 33480

SUBJECT: FAST TRANSPORT LLC Ref. Number: M02000002611

We have received your document for FAST TRANSPORT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

We I S

Letter Number: 314A00022259

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## **SECTION I (1-3 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State:	_
2. Jurisdiction of its organization: DE	-
3. Date authorized to do business in Florida: 10/2/1002	<del></del>
SECTION II (4-7 complete only the applicable changes)	
4. New name of the limited liability company: (must contain "Limited Liability Company, " "L.L.C.," or "LLC.	<del>"</del> )
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")	-
5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	_
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicating that change:	
Daniel Bonslow (diseased) to Michele Bonslow (H	er)
7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in jurisdiction under the law of which this entity is organized.	
Signature of the authorized representative	AUN MUN
Michele Borislaw  Typed or printed name of signee	ON TO
Filing Fee: \$25.00	25 A