P12000087232

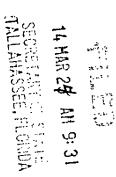
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MAR 2 6 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: LFJ TRANSPORTATION INC. DOCUMENT NUMBER: P120000 87232
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person L& Treans poetation Inc Firm/Company 10972 SW Hwy 484 Address Dunnellon FL 34432 City/ State and Zip Code / j trans port ocala Ognail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Betty Spitaleri at 352 671 1393 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation



14 MAR 24 AM 9:31 (Name of Corporation as currently filed with the Florida Dept. of State) P1200087232 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607 1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

ts Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	ZThe
name must be distinguishable and contain the word "corporation," "company," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A profess ord "chartered," "professional association," or the abbreviation "P.A."	or "incorporated" of the abbreviate of the or
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address in Florida,	enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept to	the obligations of the position.
Signature of New Registered Agent, if changing	<u></u>