## 12070000 81780

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name) (Business Entity Name) (Document Number) (D	(City/State/Zip/Phone #)
(Business Entity Name) (Business Entity Name) (Document Number) (D	
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name) 💛 🕬
Certified Copies Certificates of Status	
	(Document Number)
	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	· —
Special Instructions to Filing Officer:	
·	Special Instructions to Filing Officer:
`	
	•

Office Use Only



500160797125

09/30/09--01012--008 \*\*30.00

FILED

09 SEP 30 PH 2: 58
SUCREPARY OF STATE,
ALLAHASSEP FROME,

S. HAWKES

OCT - 1 2009

EXAMINER

## **COVER LETTER**

TO: Registration Sect Division of Corpo		·				
SUBJECT: ALLIED MACHINE SHOP & GENERAL MECHANIC  Name of Limited Liability Company						
	mendment and fee(s) are sub-					
Please return an correspond	dence concerning this matter	to the following:				
		RAFAEL NOCEDA				
		Name of Person				
			•			
		Firm/Company	•			
	1249	28TH AVENUE WEST				
	Address					
	RE	RADENTON,FL 34205				
City/State and Zip Code						
			AND COMPANY OF THE PARTY OF THE			
		o be used for future annual report no	uncation)			
For further information cor	ncerning this matter, please ca	aii:				
	EL NOCEDA	at (_941_)	592-1738			
Name of I	'erson	Area Code & Dayt	ime Telephone Number			
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

## ALLIED MACHINE SHOP & GENERAL MECHANIC, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited I	Liability Company were filed on	09/28/09	and assigned			
Florida document numberL0700008	31780					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name	of the limited liability company here:		F. 80 A			
ALLIED GENER	AL MECHANIC & TOWING SEF	RVICE, LLC				
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Company	y," the designation "	LLC" or the abbreviation			
Enter new principal offices address, if appli	cable:					
(Principal office address MUST BE A STREET ADDRESS)						
			9.0			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	BOX)					
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:						
Name of New Registered Agent:	RAFAEL NOCEDA					
New Registered Office Address:	1249 28TH AVENUE WEST					
<del></del>	Enter Florida street address					
	BRADENTON	, Florida	34205			
	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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Name</u> <u>Address</u> **Type of Action MGR** RAFAEL NOCEDA 1249 28TH AVENUE WEST ✓ Add BRADENTON, FL 34205 Remove IGNACIO AMAYA BLANÇO MGR 1249 28TH AVENUE WEST ☐ Add ✓ Remove BRADENTON, FL 34205. ☐ Add Remove ☐ Add Remove ∐Add? Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **SEPTEMBER 28** 2009 Dated Signature of a member or authorized representative of a member RAFAEL NOCEDA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00