# 115000128673

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT .	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700293999807

01/06/17--01005--010 \*\*25.00

2011 JAN -6 PM &: 39

K. SALY JAN - 9 2017

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Professional Auto Transporters LLC 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:
Avary Del Valle Name of Person
Professional Auto Transporters LLC
14026 SW 151 St COURT Address
Miami Fl, 33196 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Avary Del Valle at 78b 701-2396  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)  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 ARTICLES OF ORGANIZATION**

T(	)	/*·
ARTICLES OF O	RGANIZATION	~// ·
OI		2017 JAN -6 PH 4 39
0 0 1 1 10 10		r Second From Second
Professional Auto	Transporters LL	CASTAGE THE
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	MASSEF OF STA
		S PLOBIE
The Articles of Organization for this Limited Liability Company	were filed on $\frac{-1}{28}$	and assigned and
The Articles of Organization for this Limited Liability Company v Florida document number <u>L150001281673</u> .	•	
This amendment is submitted to amend the following:		
This pricinglicate is submitted to affecte the following.		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Peliable Auto Trans	sporters LLC	
The new name must be distinguishable and contain the words "Limited Liability	by Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
A P M Copy of the		
Enter new mailing address, if applicable:	——————————————————————————————————————	
(Mailing address MAY BE A POST OFFICE BOX)		
	m . 11	ton the many
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
Name of New Registered Agent.	N/X	
New Registered Office Address:	Enter Florida street address	
	Enter Provide Street address	
	, Florida	Zip Code
	City	Др Соас
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: FILED 2017 JAN-6 PM # 39 MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> Name **Address** SECRETARY OF STATE FALLAHASSEF, FLORIDA \_□ Add

		<del></del>	Remove
			Change
			Add
	,		□ Remove
			Change
	\	/	Remove
		$\longrightarrow$	Change
<u> </u>		<u> </u>	
			☐ Remove
			Change
			□ Remove
			Change
		<del></del>	
			Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ZOIT JAN -6 PM 40 3
TAGECRE PM
TALLAHASSEE, FLORIDA
- CORIDA
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.) Pursuant to 605.0207 (  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  ) The 90th day after the record is filed.
Dated Jan 1 st 2017
Signature of a member authorized representative of a member
HVATY DEL VAILE Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00