

L1200005967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

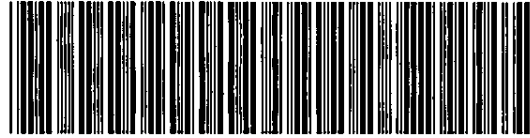
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2014 JAN 17 11:05
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B. BARTON
JAN 23 2014
EVA NER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: # 1 Towing and Transport, 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:

Imad Alsamir
Name of Person

1 Towing and Transport, LLC
Firm/Company

6300 SW 6 St
Address

Pembroke Pines FL 33023
City/State and Zip Code

Imadalsamir@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Imad Alsamir at (305) 305-7000
Name of Person Area Code Daytime Telephone Number

2014 JUN 17 11:05
TALLAHASSEE, FLORIDA

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 enclosed)
- \$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**

1 Towing and Transport, 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 Liability Company were filed on 5-3-2012 and assigned Florida document number L12000059697

FILED
2012 JAN 17 AM 11:05
TALLAHASSEE, FL

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6300 SW 6 St
Pembroke Pines, FL 33023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6300 SW 6 St
Pembroke Pines, FL 33023

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:

Imad Alsamir

New Registered Office Address:

6300 SW 6 St

Enter Florida street address

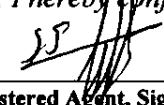
Pembroke Pines, Florida 33023

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

MGR = Manager
 AMBR = Authorized Member

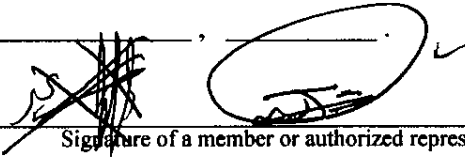
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Imad Alsamir	6300 SW 6 St Pembroke Pines FL 33083	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			
MGR	Josehua Santos	2600 NW 88 St	<input type="checkbox"/> Add
		Miami FL 33147	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

x 

Signature of a member or authorized representative of a member

Joshua Santos

Typed or printed name of signee

2014 JUN 17 10:11:05
FALLS CH. 1000