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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

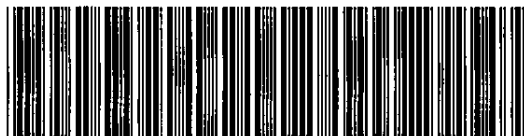
(Business Entity Name)

(Document Number)

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05/20/09--01021--016 **150.00

FILED
2009 MAY 20 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

MAY 21 2009

EXAMINER

CORSARO & ASSOCIATES CO., LPA

**28039 CLEMENS ROAD
WESTLAKE OH 44145
(440) 871-4022/TELEPHONE
(440) 871-9567/FACSIMILE**

May 19, 2009

VIA UPS #1Z F60 R31 01 9344 2249

FLORIDA DEPARTMENT OF STATE
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: All Pro Freight Systems-South, LLC

Dear Sir or Madam:

Enclosed herewith, please find the following documents for filing:

- 1) Articles of Amendment to Articles of Organization of All Pro Freight Systems-South, LLC, which changes the entity's name to All Pro South Holdings, LLC;
- 2) Articles of Organization for All Pro Freight Systems-South, LLC; and
- 3) A check in the amount of \$150.00 in payment of the filing fees for both of the above-referenced documents.

Please file the Articles of Amendment to Articles of Organization of All Pro Freight Systems-South, LLC in your usual manner. This will change the entity's name to All Pro South Holdings, LLC. Thus, the name "All Pro Freight Systems-South, LLC" will be available for use by another entity.

Thereafter, please file the Articles of Organization for a new entity named All Pro Freight Systems-South, LLC.

If you should have any questions and/or comments concerning the enclosed, please do not hesitate to contact me.

Sincerely,
CORSARO & ASSOCIATES CO., LPA



By: Heather S. Banchek, Esq.

HSB/blw
Enclosures
cc: Mr. George Renna (w/o encls.) (via U.S. Mail)

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TALLAHASSEE, FL
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Pro Freight Systems-South, 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:

Heather S. Banckek, Esq.

Name of Person

Corsaro & Associates Co., LPA

Firm/Company

28039 Clemens Road

Address

Westlake, OH 44145

City/State and Zip Code

HBanckek@corsarolaw.com

E-mail address: (to be used for future annual report notification)

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2009 MAY 20 AM 11:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

Heather S. Banckek, Esq.

Name of Person

at (440)

871-4022

Area Code & Daytime 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 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**

All Pro Freight Systems-South, 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 06/09/2003 and assigned
Florida document number L03000021026.

This amendment is submitted to amend the following:

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

All Pro South Holdings, LLC

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)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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

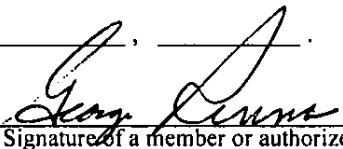
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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SECRETARY OF STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____

X 

Signature of a member or authorized representative of a member

George Renna

Typed or printed name of signee