

L03000021026

(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



400188827424

FILED
10 DEC 20 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/20/10--01045--009 **25.00

K. GALT
EXAMINER
DEC 21 2010

CORSARO & ASSOCIATES CO., LPA

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

December 17, 2010

VIA UPS #1Z F60 R31 01 9246 9740
FLORIDA DEPARTMENT OF STATE
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: All Pro South Holdings, LLC
Document No. L03000021026

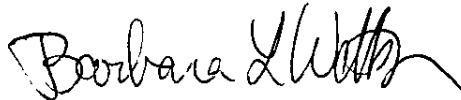
Dear Sir or Madam:

Enclosed herewith, please find the following documents for filing:

- 1) Articles of Amendment to Articles of Organization of All Pro South Holdings, LLC, which changes the entity's name to All Pro Freight Systems-South, LLC; and
- 2) A check in the amount of \$25.00 in payment of the filing fee for the above-referenced document.

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: Barbara L. Watson, Paralegal to
Clare Long, Esq.

/blw

Enclosures

cc: Mr. George Renna (w/o encls.) (via email)

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:

Clare Long, Esq.

Name of Person

Corsaro & Associates Co., LPA

Firm/Company

28039 Clemens Road

Address

Westlake, OH 44145

City/State and Zip Code

CLong@corsarolaw.com

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

For further information concerning this matter, please call:

Clare Long, 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**

FILED
10 DEC 20 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

All Pro South Holdings, 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 Freight Systems-South, 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)

400 Rinehart Road

Suite 1040

Lake Mary, FL 32746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

400 Rinehart Road

Suite 1040

Lake Mary, FL 32746

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:

400 Rinehart Road, Suite 1040

Enter Florida street address

Lake Mary

City

, Florida

32746

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

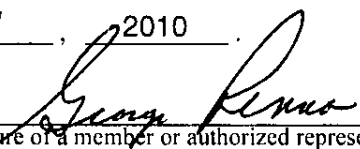
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated DECEMBER 17, 2010

X


Signature of a member or authorized representative of a member

George Renna

Typed or printed name of signee