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10 OCT -4 MID: 48

SECRETARY OF STATE

D. BRUCE

OCT 5 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Name Change of ToTal arshipping LLC Name of Limited Hability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BECHIR DRID! Name of Person
Total car shipping UC Firm/Company
484 NW 165th St Roal # A510
Bechir Miami & hot mail. con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BECKIT Dridi at (305) 303 96 58 55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{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

Total Carshy (Name of the Limited Liability	PPing Ue y Company as it now appears	on our records
(A Florida	Limited Liability Company)	in our records.
The Articles of Organization for this Limited Liability (	Company were filed on	2/01/06 and assigned
Florida document number <u>L 06000 114 8</u>	82	, ,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
BECOOL Entre Prises  The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del> </del>	-
(Principal office address MUST BE A STREET ADD	RESS)	ALLI 10
		AM S T
		ASS -
Enter new mailing address, if applicable:		E m
(Mailing address MAY BE A POST OFFICE BOX)		F's: <b>5</b>
		RAL
	• • • • • • • • • • • • • • • • • • • •	123
B. If amending the registered agent and/or regis	tered office address on our	records, enter the name of the new
registered agent and/or the new registered office add	lress 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.

it 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
	<del></del>		Add Remove
			<del></del>
			Add Remove
			<del></del>
			Add
			Add
			Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if neces	sary.)
_			~~~
			10 OCT
_			
_	( ) ( ) ( )		PLORIDATE OF STATE PLORIDA
Dated	September 29. 2	olo.	DA 4
	Seula (	er or authorized representative of a member	<del></del>
	BECH	ir DRIDI	
	Type	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00