## 107000109287

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(Re	equestor's Name)			
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Certified Copies Certificates of Status				
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SECRETARY OF STATE

D. BRUCE
DEC 3 1 2007
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporation	on rations	
SUBJECT: PIPO	(Name of Limited Liability Company)	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	HILDA Prado (Name of Person)	_
	(Firm/Company)	-
	432 SW 77 CT	07 DEI
	(Address)	ASS
	MIOMITH 33144  (City/State and Zip Code)	PH 4: 48 SEE. FLORID
For further information cond	cerning this matter, please call:	L-8 ATE RIDA
HICA (Name of F	Person) at (305) 201-4028  (Area Code & Daytime Telephone Number)	ber)
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	illing Fee, cate of Status & ed Copy onal 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

Pipo's	Transportati	on, LLC	•	
( <u>Name of the Limited L</u> (A F	Liability Company as it now ap Florida Limited Liability Compa	pears on our records.)		
The Articles of Organization for this Limited Lial Florida document number 1070010	bility Company were filed on 09287	OCt 26,0	07 OF C 31	signed (
This amendment is submitted to amend the follow	ving:		PH L: LB	
A. If amending name, enter the new name of t	the limited liability company	here:	AGI	
The new name must be distinguishable and end with "L.L.C."  B. If amending the registered agent and/or				
registered agent and/or the new registered office		,		
Name of New Registered Agent:	Hilda	Prado		
New Registered Office Address:	<u>432 SW</u>	77 CT (Enter Florida street a	address)	<del></del>
	MIGMI (City)	, Florida	3314 (Zip Cod	<u>4.</u> le)

## 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

Title' **Name Address Type of Action** Hildo Prado MGR.M Remove <u>Diosdado Prado</u> MURM Remove Add Remove Add Remove Add Remove ]Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2007. Dated DCC 2 grature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00