

LD8000071705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 13 2008

EXAMINER

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08 AUG 12 AM 8:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LAW OFFICES

D. ROBERT HOYLE, P.A.

1001 THIRD AVENUE WEST
SUITE 260
BRADENTON, FLORIDA 34205
(941) 748-8355~FAX (941) 748-8375

TO: Division of Corporations

DATE: August 7, 2008

RE: MGM Auto Transport Broker LLC

ENCLOSURE:

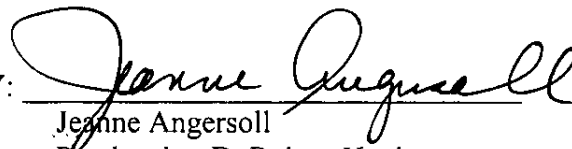
Original Articles of Amendment and one copy
check in the amount of \$25
SASE

THE ABOVE ENCLOSURE IS:

- | | |
|--|--|
| <input type="checkbox"/> For your Information | <input type="checkbox"/> For Your Files |
| <input type="checkbox"/> For Your Signature and Return | <input type="checkbox"/> For Execution in Presence |
| <input type="checkbox"/> Signature and Forwarding | of Notary Public |
| as Noted under Remarks | <input type="checkbox"/> See Remarks Below |
| <input type="checkbox"/> For Review and Comment | <input type="checkbox"/> For Necessary Action |
| <input type="checkbox"/> Per Your Request | <input type="checkbox"/> Per Our Conversation |

REMARKS:

BY:



Jeanne Angersoll
Paralegal to D. Robert Hoyle

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

08 AUG 12 AM 8:34

SECRETARY OF STATE
TALLAHASSEE FLORIDAMGM AUTO TRANSPORT BROKER 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 July 25, 2008 and assigned
Florida document number L08000071705.

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)

4850 51ST STREET WEST
BRADENTON, FL 34210

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4850 51ST STREET WEST
BRADENTON, FL 34210

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:

4850 51ST STREET WEST
(Enter Florida street address)

BRADENTON, Florida 34210
(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

Title	Name	Address	Type of Action
MGRM	MICHAEL L. MILLIGAN	4850 51 ST STREET WEST BRADENTON, FL 34210	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MICHAEL L. MILLIGAN	6801 W. 20 TH AVENUE BRADENTON, FL 34209	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GAIL ANN MILLIGAN	4850 51 ST STREET WEST BRADENTON, FL 34210	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GAIL ANN MILLIGAN	6801 W. 20 TH STREET BRADENTON, FL 34209	<input type="checkbox"/> Add <input checked="" 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 _____

Signature of a member or authorized representative of a member

GAIL ANN MILLIGAN

Typed or printed name of signee

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TALLAHASSEE FLORIDA