# 68000087245

(Requestor's Name)	
(Address)	
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(142.000)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
, ,	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	
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SECRETARY OF STATE
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**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2008

ROBERT LITHMAN 150 ALHAMBRA CIRCLE, SUITE 1150 CORAL GABLES, FL 33134

SUBJECT: INTER-AMERICAN REMOVALS & LOGISTICS, LLC

Ref. Number: L08000087245

We have received your document for INTER-AMERICAN REMOVALS & LOGISTICS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the registered agent change form you must list the old registered agent and the new registered agent.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 408A00051877

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: INTER-AMERICAN RE (Name	of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
ROBERT P. LITHMAN, ESQUIRE (Name of Person)	
ORSHAN, LITHMAN, SEIDEN, RAMOS, HATT (Firm/Company)	ON & HUESMANN, LLLC
150 ALHAMBRA CIRCLE, SUITE 1150 (Address)	
erros.	
CORAL GABLES FL 33134 (City/State and Zip Code)	
For further information concerning this mat	
ROBERT P. LITHMAN	at ( 305 ) 858-0220 AFE
(Name of Person)	(Area Code & Daytime Telephone Numbers &
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ing amount:
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### INTER-AMERICAN REMOVALS & LOGISTICS, 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 September 15, 2008 and assigned Florida document number L08000087245 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3650 NW 74 Street Enter new principal offices address, if applicable: Miami FL 33147 (Principal office address MUST BE A STREET ADDRESS) 3650 NW 74 Street Enter new mailing address, if applicable: Miami FL 33147 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the mame of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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.

(City)

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** N/A Add Remove ☐ Add Remove 🗖 Add Remove ☐ Add ☐ Remove ☐ Add Remove ☐ Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A Dated September 29 2008 Signature of a member or authorized representative of a member ROBERT P. LITHMAN - AUTHORIZED REPRESENTAT Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00