

L080000098815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 OCT 24 PM 1:45

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A OK AUTO TRANSPORT 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:

DIEGO ARMANDO FERNANDEZ  
(Name of Person)

A OK AUTO TRANSPORT LLC  
(Firm/Company)

2216 CYPRESS BEND DRIVE SUITE  
(Address)

POMPANO BEACH - FL - 33069  
(City/State and Zip Code)

2000 OCT 24 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

DIEGO ARMANDO FERNANDEZ at (954) 695 2877  
(Name of Person) (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**

A OK AUTO TRANSPORT 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 10/20/2008 and assigned  
Florida document number L08000098815

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 abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2216 CYPRESS BEND DRIVE  
SUITE 502  
POMPANO BEACH - FL 33069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2216 CYPRESS BEND DRIVE  
SUITE 502  
POMPANO BEACH - FL - 33069

**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:

DIEGO ARMANDO FERNANDEZ

New Registered Office Address:

2216 CYPRESS BEND DRIVE - SUITE 502

(Enter Florida street address)

POMPANO BEACH, Florida 33069

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DIEGO A. FERNANDEZ	2216 CYPRESS BEND DR SUITE 502 POMPANO BEACH-FL 33069	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LEA M. LERARIO	2216 CYPRESS BEND DR SUITE 502 POMPANO BEACH-FL 33069	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ARMANDO FERNANDEZ	2216 CYPRESS BEND DR SUITE 502 POMPANO BEACH-FL 33069	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	INDIAMARA FERNANDEZ	2216 CYPRESS BEND DR SUITE 502 POMPANO BEACH-FL 33069	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JAIME GONZALEZ	2216 CYPRESS BEND DR SUITE 502 POMPANO BEACH FL 33069	<input checked="" 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)

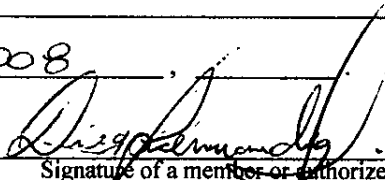
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 OCT 24 PM 1:45

FILED

Dated 10/21/2008



Signature of a member or authorized representative of a member

DIEGO ARMANDO FERNANDEZ

Typed or printed name of signee