

LD900000 DL579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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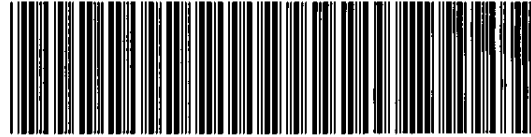
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/26/11--01019--011 **30.00

FILED
11 MAY 26 PM 4:12
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 27 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fast Auto Transportation, 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:

Mike Rogers

Name of Person

Fast Auto Transportation, LLC

Firm/Company

470 W. Clower St.

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Rogers

Name of Person

at (**863**)

608-4125

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

11 MAY 26 PM 4:12

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Fast Auto Transportation, 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 01/21/2009 and assigned Florida document number L09000006570.

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)

470 W. Clower St.

Bartow, Fl. 33830

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

470 W. Clower St.

Bartow, Fl. 33830

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11 MAY 26 PM 4:12
CLERK OF CIRCUIT COURT
ALACHUA COUNTY, FLORIDA

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:

Mike Rogers

New Registered Office Address:

470 W. Clower St.

Enter Florida street address

Bartow

, Florida

33830

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.

 5/5/2011
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>
MGRM	Anderson De Paula	7 11th St Saint Cloud, FL 34769	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mark Beswick	6210 Lake Luther Rd Lakeland, FL 33805	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGM	Mike Rogers	470 W. Clower St. Bartow, FL 33830	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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

5/5

2011

Signature of a member or authorized representative of a member

Typed or printed name of signee

Anderson de Paula

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11 MAY 26 PM 4:12
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA