

LD9000049564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORSARO & ASSOCIATES CO., LPA

28039 CLEMENS ROAD
WESTLAKE OH 44145
(440) 871-4022/TELEPHONE
(440) 871-9567/FACSIMILE

June 3, 2009

VIA UPS 1Z F60 R31 01 9049 5920

FLORIDA DEPARTMENT OF STATE

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Re: All Pro Freight Carriers-South, LLC

Dear Sir or Madam:

Enclosed herewith, please find the following documents for filing:

- 1) Articles of Amendment to Articles of Organization for All Pro Freight Carriers-South, LLC; and
- 2) A check in the amount of \$25.00 in payment of the filing fees for same.

If you should have any questions and/or comments concerning the enclosed, please do not hesitate to contact me.

Sincerely,

CORSARO & ASSOCIATES CO., LPA



By: Heather S. Banchek, Esq.

HSB/am

Enclosures

cc: Mr. George Renna (w/o encls.) (via U.S. Mail)

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

All Pro Freight Carriers-South, 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 May 20, 2009 and assigned
Florida document number L09000049564.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

_____, Florida

City

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

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> |
|--------------|-------------------------------|---|--|
| MGRM | George Renna | 1225 Cornwall Road Sanford, FL 32773 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | All Pro Freight Systems, Inc. | 1200 Chester Industrial Parkway Avon, OH 44011 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | George Renna | 1225 Cornwall Road Sanford, FL 32773 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | All Pro Freight Systems, Inc. | 1200 Chester Industrial Parkway Avon, OH 44011 | <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 |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

6-1-09

2009

X

Signature of a member or authorized representative of a member

George Renna, Manager

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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