

W9 000049577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

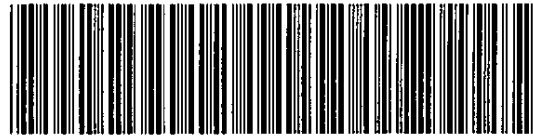
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUN -4 AM 9:43

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M. THOMAS

JUN - 5 2009

EXAMINER

# 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 9167 4930**  
FLORIDA DEPARTMENT OF STATE  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: All Pro Freight Systems-South, LLC

Dear Sir or Madam:

Enclosed herewith, please find the following documents for filing:

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

Please file the Articles of Amendment to Articles of Organization of All Pro Freight Systems-South, LLC in your usual manner.

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

W:\All Pro Freight Systems-South, LLC (NEW)\corresp\LTR-4199.wpd

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2009 JUN -3 AM 10:43  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

All Pro Freight Systems-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 L09000049577.

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)

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TALLAHASSEE, 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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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

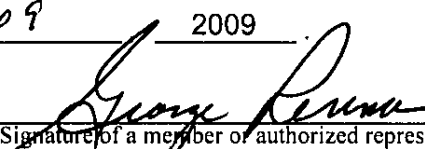
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	George Renna	1225 Cornwall Road Sanford, FL 32773	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	All Pro Freight Systems, Inc.	1200 Chester Industrial Parkway Avon, OH 44011	<input type="checkbox"/> Add <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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