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2009 NOV -3 PH 1: 07

COVER LETTER

TO: Registration Section Division of Corporations	
	*** A. J.
SUBJECT: American Alliance Auto Transport, LLC	magneties paraties
Name of Limited Liability Company	i i i i i i i i i i i i i i i i i i i
	114
	James
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	•
Mintha Sotolongo	· ·
Name of Person	;
Amenican Alliance	
1825 Film/Company Punce de lean le)/vd
Conal Gables, Fl 33/34	 <u>L</u>
City/State and Zip Code	•
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: (305) 3 - 3 - 9 - 8 - 8 - 8	•
mulha Solo longo (at 786) 270 8272 Area Code & Daytime Telephone Number	<i>:</i>
Enclosed is a check for the following amount:	
\$25.00 Filing Fee . Solution Status See . Solution See . Solution Status See . Solution See . Solut	
(additional copy is enclosed)	e*

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

American Alliance A	uto Transport, LLC	_=
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company)	5 2
		F. 2
The Articles of Organization for this Limited Liability Company	were filed on August 27, 2009	and assigned
Florida document numberL0900082695		
This amendment is submitted to amend the following:	. 1	
A. If amending name, enter the new name of the limited liabi	lity company here:	4
	10 [/	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	N/1	
Enter new mailing address, if applicable:		* **,
(Mailing address MAY BE A POST OFFICE BOX)	1/10	
t .		
P. If amonding the projectional count and/our resistance and		A
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter</u>	the name of the new
	, <u> </u>	
Name of New Registered Agent:	$ \Lambda I / \Lambda$	•
Novi Donisovi I OST - A I)	1117	
New Registered Office Address:	Enter Florida street ad	dress
	•	
· ·	, Florida, City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	 y	Lip Code
		-

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

IGR = Man	iager		
IGRM = M	anaging Member		
<u>itle</u>	Name	Address	Type of Action
IGRIM Emben	Mirtha Sotolongo	3620 Ponce De Leon Blvd. Miami, EL 33134	✓ Add
mbla	Dolones Va	des 761 N Kendal Dr Apt. Dals Miami, FL 33156	Add Remove
	· •		Add Remove
			Remove
· ·	· · · · · · · · · · · · · · · · · · ·		Add
. If amendi	eng any other information, enter of the ball	change(s) here: (Attach additional sheets, if not the sheets) here: (Attach additional sheets) here: (Attach add	necessary.) GNC S
Mill ated DC	tha Gottlong	rember à ne Di Dolores Will 2009 régis	eplaced only be of tested ages
·	Wolse Valdes (n Signature of a m	ember or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00