

L09000102787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

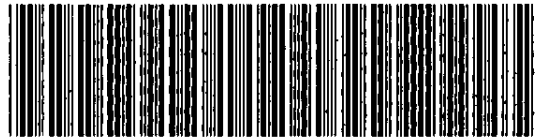
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FILED
2010 JAN -5 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 22 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2009

ALBANIA LOVELACE
ALL AROUND AUTO TRANSPORT, LLC
4995 NW 72 AVE.
MIAMI, FL 33166

SUBJECT: ALL AROUND AUTO TRANSPORT LLC
Ref. Number: L09000102787

We have received your document for ALL AROUND AUTO TRANSPORT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 709A00038779

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cell Ground 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:

Albania Lovelace.
Name of Person
Cell Ground Auto Transport L.L.C.
Firm/Company
4995 N.W. 72 Ave.
Address
Mia, Fl. 33166.
City/State and Zip Code
Alby_Lovelace@yahoo.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albania Lovelace. at (305) 877-1775
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

All Around Auto Transport L.L.C.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-26-2009 and assigned
Florida document number L09000102787

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:

Albania Lovelace

New Registered Office Address:

4995 N.W. 72 Ave. Ste 402

Enter Florida street address

Miami

City

Florida

33166

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.

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If Changing Registered Agent, Signature of New Registered Agent

Albania Lovelace

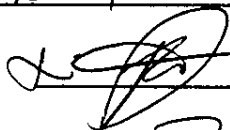
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID HARRERO	4995 N.W. 72 AVE. MIA, FL 33166 Suite 402.	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LAZARO PAEZ	4995 N.W. 72 AVE MIA, FL 33166 St. 402	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ALBANIA LOVELACE	4995 N.W. 72 AVE. MIA, FL 33166 Suite 402.	<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 Jan 4, 2010.



Signature of a member or authorized representative of a member

David Marrero

Typed or printed name of signee

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TALLAHASSEE, FLORIDA