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JAN - 7 2010

EXAMINER



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10 JAN -6 PM 2: 50

COVER LETTER

Division of Corporations				
SUBJECT: All Around Auto Transport, UC 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:				
Kenia Dolmuz Name of Person				
All Around Auto Transport, UC				
4995 NW 72nd Ave #402				
Miami, FL 33100 City/State and Zip Code				
All Around Autotransporter annual report notification. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (205) 591 - 0474 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section Registration Section Registration Section				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT

. ,	N. SECOT FILE
· ARTICLES OF ORGANIZATION	DIVISION OF CORPORATION
· · · OF	CORPODALLE
	JAN -E - MATION
All Around Auto Transport	11 2:50
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on 1012	0/200 and assigned
Florida document number <u>L09000102787</u> .	
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 c"L.L.C."	designation "LLC" or the abbreviation
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 recoregistered agent and/or the new registered office address here:	rds, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	do street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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>	Address	Type of Action		
marm	Lazaro Parz	4995 NW 72 AVC MIGMI, FL 33166	Add Remove		
nge	David Manero	4095 NW 72 Ave.	Add N Aemove		
	un in interest	101-11100	Add Remove		
.	······		Add Remove		
	,		Add Remove		
			Add Remove		
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)			
			 		
Dated TV (ember 31, am	ā	- -		
June Jacob	Alexander of the second of the	·			
-	, •	or authorized representative of a member			
		(PMO			
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00