# 100001197

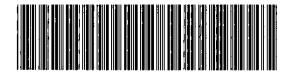
(Requestor's Name)				
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PICK-UP	<b></b> ₩ĄIT	MAIL		
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JAN 24 2011

**EXAMINER** 



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

# **COVER LETTER**

SUBJECT: Globex Auto Transport UC  Name of Limited Biability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LENWORTH Bulicks Name of Person	
Firm/Company  18363 NE UH CH	
North Hiari Beach, FL 32179  City/State and Zip Code	
Clobex. Express @ Concast. net  E-mail address: to be used for future annual report notification)	
For further information concerning this matter, please call:	
LENWORTH BUILD at (305) 846 - 6567	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee \$\$55.00 Filing Fee \$\$60.00 Filing Fee, Certificate of Status (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

(Name of the Limited Liability	Company as it now appears o	n our records.)	_	
( <u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)	- <del></del> /		
The Articles of Organization for this Limited Liability Co	ompany were filed on	• <b>09 • 20 10</b> an	d assigned	
Florida document number	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
Globex Express, L	لـد			
The new name must be distinguishable and end with the word	ds "Limited Liability Company,	"the designation "LLC" or	the abbreviatio	
"L.L.C."				
Enter new principal offices address, if applicable:		ered.	<del></del>	
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>		
			<u> </u>	
		ASS		
Enter new mailing address, if applicable:		m≺ m,	TO (2000)	
(Mailing address MAY BE A POST OFFICE BOX)		70	The same of	
121 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		97	<del>У Баг</del>	
	<del></del>	<b>9</b>		
B. If amending the registered agent and/or registe	ered office address on our	records, enter the nai	ne of the nev	
registered agent and/or the new registered office addr	<u>ess here</u> :	· -		
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	New Registered Office Address:  Enter Florida stree			
		, Florida		
	City		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 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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			
·			Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
<u>.</u>			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_
_ _			_ _
_			<del>-</del>
Dated 5	N. Rusi d	Ø ·	
	LENWORTH	Butical ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00