

L10000 107546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

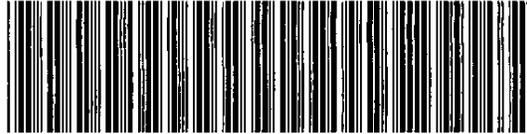
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
JUL 11 8 P 45 55

FILED

S Warren
JUL 19 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2016

OMAR ALMEIDA
2265 TAMiami TRAIL, SUITE F
PORT CHARLOTTE, FL 33952

SUBJECT: FLORIDA VEHICLE TRANSPORT LLC
Ref. Number: L10000107546

We have received your document for FLORIDA VEHICLE TRANSPORT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page 3 with signature

Please return 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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 616A00014758

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Vehicle 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:

Omar Almeida
Name of Person

Florida Vehicle Transport LLC
Firm/Company

2265 Tamiami Trail Suite F
Address

Port Charlotte, FL 33952
City/State and Zip Code

floridavehicletransport@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Omar Almeida at (941) 613-9740
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**

Florida Vehicle Transport LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/14/2010 and assigned Florida document number L10000107546

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 contain 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)

2265 Tamiami Trail
Suite F
Port Charlotte, FL 33952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2265 Tamiami Trail
Suite F
Port Charlotte, FL 33952

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:

Omar Almeida

New Registered Office Address:

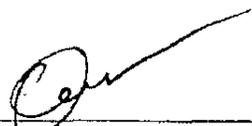
2265 Tamiami Trail Suite F

Enter Florida street address

Port Charlotte, Florida 33952
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 605, 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

When amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Morleny Valdes	2152 Clairmont St	<input type="checkbox"/> Add
		Port Charlotte, FL 33952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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DEPT. OF TRANSPORTATION
 FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 608.0207(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 07/19/16

[Handwritten Signature]

Signature of a member or authorized representative of a member

Omar Almeida

Typed or printed name of signer

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 19 P 4: 55

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