L10000115133

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	_	
pone.	~ I	

Office Use Only



500253953725

12/04/13--01010--009 **25.00

TILED

13 DEC -4 PM 3: 19

\$LIANASSEE FLASHA.

I Sureh DEC 6 2013

COVER LETTER

SUBJECT: Nost	South Auto	Transport.	
	Name of Limited	d Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	lence concerning this matter to	-	
	- Thuy	Thu Anuen (C Name of Person) & 9187105	rystal)
	NGLYEN LO	9187105	
	7	Firm/Company	
	5452 Grand	le Palm Cin.	
	Delhay Beac Crystalnatt 20 E-mail address: (to	h - FL - 3348H City/State and Zip Code La Amail . Com be used to fulure annual report notification	on)
For further information con	cerning this matter, please cal	l:	
Name of i	uten (Crystal	at (<u>HOH) 57A- 96</u> Area Code & Daytime Tel	HG ephone 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	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

TO ARTICLES OF ORGANIZATION

OF

NorTH SouTH AUT (Name of the Limited Liability Compar (A Florida Limited Limi	O TVANSPORT LLC ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	•
Florida document number <u>L10000115933</u> .	
This amendment is submitted to amend the following:	FIL 3 DEC -
A. If amending name, enter the new name of the limited liab	ility company here:
Muyen to the distinguishable and end with the words "Limi	四部里口
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Company," the designation LLC of the abbreviation
Enter new principal offices address, if applicable:	5752 Grande Palm Cir.
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach - FL - 33484
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	5452 Grande Palm Cir. Delray Beach - FI - 33484
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
NT - TO - 1 4 - 1 1 4 - 40 EV - 14 - 18 - 18 - 10 - 10 - 10 - 10 - 10 - 10	

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 of 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
NGRM	They nguyen	5452 Grande Palm	Add
		Circle DelRMY	Remove
		Beach F1 33484	
			Add
			Remove
		ALC:	13 DE
,,, ,, ,,		SSE CONTRACTOR OF THE CONTRACT	Add
		FLORDA	Remove
		A C	19
			Add
			Remove
			Add
			Remove
			Add
			Remove

If an	iending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
:d	12/2/2013, 2013.
	Signature of a meinber or authorized representative of a member
	Evic A 2ANE
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00