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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Affordable Toding & Trucking 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:	
Rick Rentro	
Name of Person	
Firm/Company	
7777 N. Wicklam Rd Ste 707	
Melbourne, FL 32940	
City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rich Rentro 321, 431-6562	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$ 55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\$\$ 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 AUG 12 PM 3:00

	1100 p	rucking	, LLC			
( <u>Name of the Limited Lia</u> (A Flo	bility Company orida Limited Li	y <mark>as it now ao</mark> ability Compa	ppears on our records.)			
The Articles of Organization for this Limited Liabi Florida document number			• •			
This amendment is submitted to amend the followi	ng:					
A. If amending name, enter the new name of the	e limited liabil	ity company	y here:			
Florida Car Transporters, L.  The new name must be distinguishable and end with the	LC					
The new name must be distinguishable and end with the "L.L.C."	e words "Limite	ed Liability Co	Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable	e:					
(Principal office address MUST BE A STREET A	DDRESS)					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>					
B. If amending the registered agent and/or registered agent and/or the new registered office			on our records, enter the name of the new			
Name of New Registered Agent:						
New Registered Office Address:						
Enter Florida street address						
_						
		City	Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

NCC JJJ T.

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 = Manager

MGRM = Managing Member Title <u>Name</u> **Address Type of Action** Remove ☐ Add Remove Add Remove Add Remove ∐Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00