L12000064715

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400237094924

07/06/12--01019--006 **25.00

12 JUL -6 PH 3: 60

'JUL' 9 2012'

T. HAMPTON

COVER LETTER

TOs	Registration Se Division of Cor						
SUBJE	CT.	Dallas	Auto Carrier				
SOLUT			ted Liability Company	·			
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Melvin L Dallas							
Name of Person							
Dallas Auto Carrier							
Firm/Company							
7877 Summer Star Ct							
Address							
Jacksonville Florida 32221							
City/State and Zip Code							
Sassne6@aol.com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Melvin Dallas Name of Person			at (904) 4	00-1619			
	. tune of	. 1 013011	Anda Code de Dayume I	receptione (Value)			
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)			

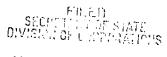
MAILING ADDRESS:

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



12 JUL -6 PM 3:1.0

	•		
Melvin L	Dallas LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appea	rs on our records.)	
(A Florida Limited	a Liability Company)		
The Articles of Organization for this Limited Liability Compa	ny wara filad an	05/08/2012	and assigned
	ny were med on	03/00/2012	and assigned
Florida document number L12000064715	•		
	•		•
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :	
Dallas Auto	Carrier LLC		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	7877 Summe	er Star Court	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville	Jacksonville Florida 32221	
Enter new mailing address, if applicable:	<u> </u>	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
			
B. If amending the registered agent and/or registered	office address on	our records enter t	he name of the new
registered agent and/or the new registered office address h	ere:	our records, enter t	ne name of the new
No CNI D. Co. 16			
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addi	ress
	C:t-	, Florida	7: 0.1
	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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** Name Address **Type of Action** Karen M Dallas MGR 7877 Sujmmer Star Ct ☐ Add Jackosnyille Florida 32221 **Remove** Melvin L Dallas MGR 7877 Summer Star Court ✓ Add Jacksonville Florida 32221 Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Molvin Ou Mass. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00