L12000116539

(Re	questor's Name)	<u>-</u> .		
(Address)				
(Ac	ldress)			
. (Ci	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(0.	and Alexandra			
(De	ocument Number)			
Certified Copies	Certificate:	s of Status		
	_	.		
Special Instructions to	Filing Officer:			
OCT 1 5 2012)				
S. TONER				

Office Use Only



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SECRETARY OF STATE

2 OCT 12 AM ID 1

COVER LETTER

то:	Registration S Division of Co			
SUBJE	CCT:	ARIMAR AUT	O TRANSPORT LLC	
SCEGE			ted Liability Company	- · · · · · · · · · · · · · · · · · · ·
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	•
Please	return all corresp	ondence concerning this matter	to the following:	
				,
	MARLENE REVERON Name of Person			
		ARIMAI	R AUTO TRANSPORT L	LC
			· ········	
		51	P.O. BOX 44-2250	
		3*	Address	
		MIAN	MI FLORIDA 33144-2250	
		MADLEN	City/State and Zip Code	014
		E-mail address: (i	IEREVERON@GMAIL.C to be used for future annual report no	otification)
For fur	ther information	concerning this matter, please o	eall:	
	MARI	ENE REVERON	at (786)	258-3577
		of Person		time Telephone Number
Enclos	ed is a check for	the following amount:		
\$25	5.00 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)
•				
	Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive	porations 3

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 OCT 12 AM 10: 12

ARIMAR AUTO TRANSPORT LLC SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

were filed on	09/11/2012	and assigned			
oility company he	<u>re</u> :				
RANSPORT LL	С				
ited Liability Comp	any," the designation "l	LLC" or the abbreviation			
27846 SW 1	42 AVENUE				
HOMESTEA	D FLORIDA 3303	2			
		•			
P.O. BOX 44	1-2250				
MIAMI FLORIDA 33144-2250					
ffice address on re:	our records, <u>enter</u>	the name of the nev			
REVERON					
New Registered Office Address: 27846 SW 142 AVENUE					
E	nter Florida street add	dress			
OMESTEAD	, Florida	33032			
City		Zip Code			
<u> </u>	P.O. BOX 44 MIAMI FLOF	ffice address on our records, entere: REVERON 142 AVENUE Enter Florida street add OMESTEAD , Florida			

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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARLENE REVERON	P.O. BOX 44-2250 MIAMI FLORIDA 33144-2250	Add Remove
MGR_	ARIALYS PORTAL	P.O. BOX 44-2250 MIAMI FLORIDA 33144-2250	Add Remove
MGRM	MARLENE REVERON	P.O. BOX 44-2250 MIAMI FLORIDA 33144-2250	Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	<u></u>
			_
	OCTOBER 11	2012	-
	,	aber or authorized representative of a member	
	M	ARLENE REVERON	
	Tyl	ped or printed name of signee	 -

Page 2 of 2

Filing Fee: \$25.00