12000120889

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SECRETARY OF STATE
AREAN ASSEE, FLORIDA

JAN 1 8 2013 J. BRYAN

COVER LETTER

TO:

Registration Section
Division of Corporations

TAFT TRUCKIG PARKING AND STORAGE LLC

SUBJECT:

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:

JOSE R. MELENDEZ

Name of Person

SELF

Firm/Company

110 SEABREAZE CIR

Address

KISSIMMEE, FL 34743

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE R. MELENDEZ

_{at} 407 301-2195

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)

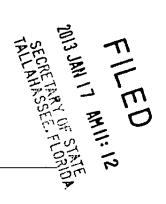
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



TAFT TRUCK PARKING AND STORAGE LLC

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

The Articles of Organization for this Limited Liability Company	were filed on 09/21/2012	and assigned
Florida document number L12000120889		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	9602 SIDNEY HAYES	RD
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32824	
	<u> </u>	
Enter new mailing address, if applicable:	PO BOX 450993	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32825	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
	7	orida
	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 Changing Registered Agent, Signature of New Registered Agent

j,

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

<u>Title</u>	<u>Name</u>	<u>Address</u> <u>Typ</u>	e of Action
MGRM	Dora Estela Monsalve Cardona	4237 summit creek blvd apt 5206	Add
		Orlando, FL 32837	Remove
			–
		L	Add
			Remove
	•	SECRE	
		ASSEE.	<u> </u>
		FLO 200 P	Remotel 72
			Remove
			Add
			Remove
			Add
			Remove

D. If amending any other information, ento	er change(s) here: (Attach additional sheets, if necessary.)
NONE	
.	. 11 - 12 - 21 - 21 - 21 - 21 - 21 - 21
Dated JANUARY, 15	2013
Dated	, ,
ADDa 11	in the ster
Signature of a	a member or authorized representative of a member
JOSE R. MELENDEZ	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE