

L1200013519-4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

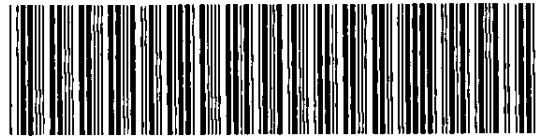
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A1 Vehicle Shipping, 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:

**Owen Cooke**

Name of Person

**A1 Vehicle Shipping, LLC**

Firm/Company

**9452 sw 20th st**

Address

**Miramar, FL 33025**

City/State and Zip Code

**a1vehicleshshipping@gmail.com**

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

For further information concerning this matter, please call:

**Owen Cooke**

Name of Person

**954 438-3340**

at ( )

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**

**A1 Vehicle Shipping, 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 October 23, 2012 and assigned  
Florida document number L12000135194.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

20861 NW 3rd CT

Pembroke Pines, FL 33029

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

20861 NW 3rd CT

Pembroke Pines, FL 33029

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

Karen Watson

**New Registered Office Address:**

20861 NW 3rd CT

*Enter Florida street address*

Pembroke Pines

, Florida 33029

*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.*

Karen Watson  
**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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Karen Watson	20861 NW 3rd CT	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL 33029	<input type="checkbox"/> Remove
MGRM	Owen Cooke	9452 sw 20th st	<input type="checkbox"/> Add
		Miramar, Fl 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated FEBRUARY 15, 2012.

Owen Cooke

Signature of a member or authorized representative of a member

Owen Cooke

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**