# 113000005363

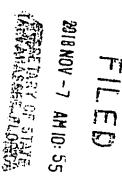
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Office Use Only



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## **COVER LETTER**

то:	Registration Se Division of Co			,*			
SURI	SAFE AU	TO TRASPORT LLC					
		Name of Lim	ited Liability Company				
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Pleas	e return all correspo	ondence concerning this matter	to the following:	4			
		SHARON GASCOT RIVE	ERA				
		e are arreage activate	Name of Person		-		
		SAFE AUTO TRASPORT			_		
		1235 TRAVERTINE TER	Firm/Company				
		SANFORD, FL 32771	Address	-	TALK!	918	
		safeautotransport2012@gm	City/State and Zip Code ail.com	···	NAMES OF STREET	7- AON 8102	
		E-mail address: (	to be used for future annual report notif	ication)		A	3773 []
For fu	irther information o	concerning this matter, please c	all:		97	AH 10: 55	
SHA	RON GASCOT RI		at ()			5	
	Name o	of Person	Area Code Daytime	Telephone Number	г		
Enclo	sed is a check for t	he following amount:					
<b>■</b> \$.	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Stati		

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

SAFE AUTO TRASPORT LLC

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

(A Florida Li	imited Liability Company)	<del>_</del>
The Articles of Organization for this Limited Liability Con Florida document number L13000005363	mpany were filed on 01/10/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
SAFE AUTO TRANSPORT LLC		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Fater Florida street addres	· ·
<del></del>	, Flo	o <b>rida</b>
	•	

#### 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		<del></del>	
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	tion data is listed, the data must be enoughly and cannot be prior to date of filing or more than 90 days after filing ) Pursuant to 5	05 0207
te: l	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 5 `the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lint's effective date on the Department of State's records.	05.0207 sted as

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00