L13000054964

(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



800261386958

05/20/14--01011--010 **25.00

TILED

JUL - 7 2014 T. BROWN

COVER LETTER.

۲

Division of Corpo	orations		
SUBJECT: EXTRA	MILE Auto Name of Limit	CAKKIEKS L.L.	a
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	PAN Spi	Name of Person	
	Extra mile A	14to earniers L.C. Firm/Company	<u>C</u>
	13194 US 1	41114 301 S Address	st = 191
		City/State and Zip Code	
	E-mail address: (to	OGMail-COM o be used for future annual report notific	ation)
For further information con	ncerning this matter, please ca	II:	
IPN Sy Name of 1	Person	at (<u>8/3</u>) <u>434 - 7</u> Area Code Daytime	7305 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



June 20, 2014

IAN SPAULDING EXTRA MILE AUTO CARRIERS LLC 13194 US HWY 301 S STE 191 RIVERVIEW, FL 33579

SUBJECT: EXTRA MILE AUTO CARRIERS LLC

Ref. Number: L13000054964

We have received your document for EXTRA MILE AUTO CARRIERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We did not receive page 2 and 3 of the document.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 214A00013476

Teresa Brown Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

THE SALE The Articles of Organization for this Limited Liability Company were filed on April 15, 2013 and assigned Florida document number <u>L 13 0000 54 96 4</u>. 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." SAME AS ON Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ F move
			□ R ·move
			<u></u>
			Acd
			□ Re nove
			
			Acd
			□ Romove
			A √ d
			□ Re nove

•	•	
		
Effective date, if	other than the date of filing:	(optional)
	ist be specific, cannot be prior to trate of receipt of fried date and can	unit be more man 90 days and
he date this docume	ent is filed by the Florida Department of State)	
ne date this docume	and is filed by the Fiorida Department of State)	
the date this docume	m is filed by the Fiorida Department of State)	

Page 3 of 3

Filing Fee: \$25.00