

L13000068686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

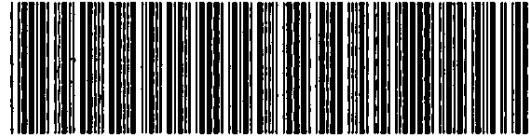
(Document Number)

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Amend

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2013 MAY 17 AM 8:30  
OFFICE OF THE  
CLERK OF THE  
COURT  
JULIA H. HARRIS

J. SAULSBERRY  
EXAMINER  
MAY 21 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALL AMERICAN LOGISTICS 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:

**VANESSA TORRES**

Name of Person

**ALL AMERICAN PERMITS**

Firm/Company

**5094 NW 74TH AVE**

Address

**MIAMI FL 33166**

City/State and Zip Code

**PERMITS2009@LIVE.COM**

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

For further information concerning this matter, please call:

**VANESSA TORRES**

Name of Person

**888 8825264**

at ( )

Area Code & Daytime Telephone Number

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STATE  
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Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**ALL AMERICAN LOGISTICS 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 05/09/2013 and assigned Florida document number L13000068686.

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)**

11201 SW 55TH ST UNIT#166

MIRAMAR FL 33025

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

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

11201 SW 55TH ST UNIT#166

MIRAMAR FL 33025

**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: ANGELA RICO DE PINELL

New Registered Office Address: 11201 SW 55TH ST UNIT#166

*Enter Florida street address*

MIRAMAR, Florida 33025

*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.*

Angela Rico de Pinell  
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>
MGR	RENE PINELL	11201 SW 55TH STREET UNIT #166	<input checked="" type="checkbox"/> Add
		MIRAMAR FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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STATE OF FLORIDA  
HALL COUNTY

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

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Dated MAY 16, 2013

Ayala Rioshill

Signature of a member or authorized representative of a member

OWNER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE  
MICHIGAN