L13000119842

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Во	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Spécial Instructions to	Filing Officer:	
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	DEC - 6	2013
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: US	Car transp	porters LLC	. <u></u>
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filling.	
Please return all correspon	ndence concerning this matter	to the following:	
	Share	Flavier Name of Person	
	US Car	transporters L	.\c_
S.	* 11998 n	W 11th St-	
	Pembrohe	Pines FL 33026 City/State and Zip Code	
	USCAY Frans	por ters (+) ame o be used for fixure annual report halfication	
For further information co	oncerning this matter, please ca	all:	
Shane F	Person	at (954) 549 - 4 Area Code & Daytime Tel	297 = 3
Enclosed is a check for th	e 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)

STREET/COURIER ADDRESS:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Division of Corporations Cliffon Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Us Car Transp	orters [<u>C</u>
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on d Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>13000119849</u>	ny were filed on $8/2$	3 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words 'Li 'L.L.C."	imited Liability Company,"	the designation 'LLC'' or the abbreviation
Enter new principal offices address, if applicable:		<u>े</u> हैं हैं हैं है
(Principal office address MUST BE A STREET ADDRESS)		
		NO TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	x 11998 Y	Pines, Pt. 33026
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		, Florida
	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. Ifurther 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

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 Title **Address** Name Type of Action 7901 Miramar Phwy MGR Acron M Taylor Lynnderet A Law 6910 Byron Shane Flavien MGRM Pembroke Pines, Fl, 33026 Remove Remove

. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
ted	11/22/13 . 7/1.
	Signature of a member or authorized representative of a member
	Shane Flavien
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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