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09/29/21--01008--033 **60.00

SECRETARY OF STATE

COVER LETTER

The enclosed Articles of a	Amendment and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
	Leandro Bartole Name of Person PAK Auto Transporters LLC Firm/Company 7061 Samply Road Address Address
For further information co	City/State and Zip Code City/State and Zip Code Complete Complet
Lean Name of	Avo Bactole at 770, 727-0018 Area Code Daytime Telephone Number (and/or) 772-529-4333
Enclosed is a check for th	e following amount
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section **Division of Corporations**

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAK Au	to Ir	anspor	ters	200	
(Name of the Limited (A	Liability Company a Florida Limited Liab	is it now appears on ibity Company)	our records.)		
The Articles of Organization for this Limited Liab	oility Company we	re filed on	1/27/200	and assig	<u>z</u> ned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	X				
The new name must be distinguishable and contain the word	ds Alimited Liability (Company," the design	nation "LLC" or the	abbreviation "L.L.	.C."
Enter new principal offices address, if applicab	ole: _	<u> </u>	<u> </u>		
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u> _	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reg	istered office add	ress on our reco	rds, enter the na		registered
agent and/or the new registered office address	<u>here</u> :			ATE	
Name of New Registered Agent:	Alex	ander	Dal	Bon	
New Registered Office Address:	7061	Sa vo Enter Florida	Oey P	'oad	
	<u>Grovel</u>	and	·, Florida _	3473 Zup Code	56
		7.10		zajz Cizac	

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>	Address	Type of Action
MGR	Atlexander Dal Bon	7061 Sampey Pd	. LiAdd
	DON	Groveland, FL34730	Remove
			□Change
MGR	Leandro Bartole	7061 Sampey P Goveland, Fr 347	A Condition
		Groveland, Fr 347	Remove
			□ Change
			□Add
			□Remove
			□Change
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Note:	ive date, if other than the date of filing:
recor d is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the led.
Dated	9/20 . 2021
	9/20 2021 Hexander Dal Bon
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00