

L400024239

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(Business Entity Name)

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JANUARY 2015

AUG 26 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GMW Auto Transport, 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:

Norka Rodriguez

Name of Person

GMW Auto Transport, LLC

Firm/Company

2705 Burris Rd

Address

Davie, FL 33314

City/State and Zip Code

n.rodriquez@595truckstop.com

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

For further information concerning this matter, please call:

Norka Rodriguez

954 357-1480
at ()

Name of Person

Area Code

Daytime 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
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

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15 AUG 25 PM 2:43
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GMW Auto Transport, 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 8/7/2014 and assigned
Florida document number L14000124239.

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 contain 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)

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

_____, **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. 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>	<u>Type of Action</u>
MBR	Steven Brauser	2705 Burris Rd	<input checked="" type="checkbox"/> Add
		Davie, FL 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMBR	Gerald Brauser	2705 Burris Rd	<input type="checkbox"/> Add
		Davie, FL 33314	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
PRES	William Hoffer	2705 Burris Rd	<input type="checkbox"/> Add
		Davie, FL 33314	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	Norka Rodriguez	2705 Burris Rd	<input type="checkbox"/> Add
		Davie, FL 33314	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 18th, 2015

Signature of a member or authorized representative of a member

Typed or printed name of signee

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

GMW AUTO TRANSPORT, LLC

Filing Information

Document Number	L14000124239
FEI/EIN Number	47-1533734
Date Filed	08/07/2014
Effective Date	08/07/2014
State	FL
Status	ACTIVE

Principal Address2705 BURRIS RD
DAVIE, FL 33314**Mailing Address**2705 BURRIS RD
DAVIE, FL 33314**Registered Agent Name & Address**RODRIGUEZ, NORKA
2705 BURRIS RD
DAVIE, FL 33314**Authorized Person(s) Detail****Name & Address**

Title PRES

HOFFER, WILLIAM
2705 BURRIS RD
DAVIE, FL 33314

Title VP

BRAUSER, GERALD
2705 BURRIS RD
DAVIE, FL 33314

Title SEC

RODRIGUEZ, NORKA

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2705 BURRIS RD
DAVIE, FL 33314

Annual Reports

Report Year	Filed Date
2015	02/23/2015

Document Images

02/23/2015 -- ANNUAL REPORT

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08/07/2014 -- Florida Limited Liability

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State of Florida, Department of State

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