

L15000009018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

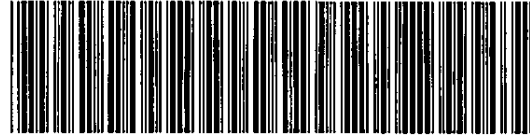
(Business Entity Name)

(Document Number)

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M. MILLIGAN
EXAMINER

MAY - 1 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAM MULTI-TRUCK 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:

HECTOR GONZALEZ

Name of Person

Firm/Company

5868 WEST 25 CT

Address

HIALEAH, FL 33016

City/State and Zip Code

underwriters@psicompanies.com

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

For further information concerning this matter, please call:

HECTOR GONZALEZ

305 333-2690
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

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

AAM MULTI-TRUCK LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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15 APR 20 PM 4:04
HIALEAH, FLORIDA
CLERK OF CIRCUIT COURT

The Articles of Organization for this Limited Liability Company were filed on 04/13/15 and assigned
Florida document number L15000009018

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)

5868 WEST 25 CT

HIALEAH, FL 33016-4411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5868 WEST 25 CT

HIALEAH, FL 33016-4411

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:

HECTOR GONZALEZ

New Registered Office Address:

5868 WEST 25 CT

Enter Florida street address

HIALEAH

City

Florida 33016-4411

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 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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ABDUL A MORENO	6412 QUEENS BOROUGH AVENUE	<input type="checkbox"/> Add
		APT 202	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32835	
MGR	HECTOR GONZALEZ	5868 WEST 25 CT	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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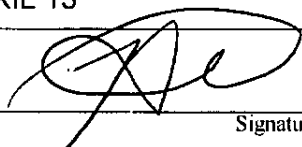
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 13, 2015



Signature of a member or authorized representative of a member

HECTOR GONZALEZ

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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15 APR 20 PM 4:04
DEPARTMENT OF STATE
HALL OF RECORDS
TALLAHASSEE, FLORIDA