

L15000025157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

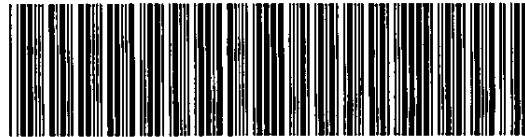
(Document Number)

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16 JUL 13 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 14 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AUTO SERVICES & TRANSPORTATION PRO-ONE 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:

NORELKIS G QUINTERO HIDALGO

Name of Person

AUTO SERVICES & TRANSPORTATION PRO-ONE LLC

Firm/Company

13373 TWIN WOOD LN APT 2316

Address

ORLANDO FL 32837-5571

City/State and Zip Code

GABRIELITA\_42@HOTMAIL COM

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

For further information concerning this matter, please call:

NORELKIS G QUINTERO HIDALGO

954 3264591  
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**

AUTO SERVIES & TRANSPORTATION PRO-ONE 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 04/28/2015 and assigned  
Florida document number L15000075157.

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)

13373 TWIN WOOD LN

APT 2316

ORLANDO FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13373 TWIN WOOD LN

APT 2316

ORLANDO FL 32837

**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:

NORELKIS G QUINTERO HIDALGO

New Registered Office Address:

13373 TWIN WOOD LN APT 2316

*Enter Florida street address*

ORLANDO

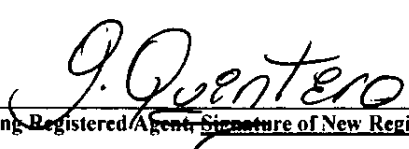
*City*

Florida 32837

*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>
PTE	JAVIER L LA ROCHE	8529 BAY LILLY LOOP	<input type="checkbox"/> Add
		KISSIMMEE FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	LUIS A LA ROCHE	8529 BAY LILLY LOOP	<input type="checkbox"/> Add
		KISSIMMEE FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PTE	NORELKIS G QUINTERO HIDAI	13373 TWIN WOOD LN	<input checked="" type="checkbox"/> Add
		APT 2316	<input type="checkbox"/> Remove
		ORLANDO FL 32837	<input type="checkbox"/> Change
VP	ANTONIO J GAYA ARAUJO	13373 TWIN WOOD LN	<input checked="" type="checkbox"/> Add
		APT 2316	<input type="checkbox"/> Remove
		ORLANDO FL 32837	<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

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TALLAHASSEE, FLORIDA  
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

11/2016



Signature of a member or authorized representative of a member

JAVIER L LA ROCHE

Typed or printed name of signee

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