

#L 15000077669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

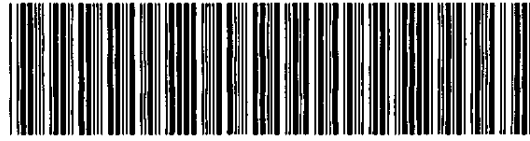
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/15/15--01013--001 **25.00

FILED
2015 JUN 15 PM 2:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JUN 17 2015

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

Load-N-Go Auto Transportation LLC

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

FILED
2015 JUN 15 PM 2:48
CLERK OF COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/1/15 and assigned
Florida document number L15000077669.

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 "LLC."

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

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Load-N-Go Auto Transportation 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:

Joey McSwain

Name of Person

Load-N-Go Auto Transportation LLC

Firm/Company

4297 S.W. 49th st.

Address

Dania Beach, Fl. 33314

City/State and Zip Code

joeymcswain84@gmail.com

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

For further information concerning this matter, please call:

Joey McSwain

754-265-754-265-5488

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

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

Title	Name	Address	Type of Action
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AR	Brian Parsons	8745 S.W. 52st	<input type="checkbox"/> Add
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		Cooper City, FL 33328	<input checked="" type="checkbox"/> Remove
--	--	-----------------------	--

			<input type="checkbox"/> Change
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			<input checked="" type="checkbox"/> Add
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		Dania Beach, FL 33314	<input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Change
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			<input checked="" type="checkbox"/> Add
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Filing Fee: \$25.00

Page 3 of 3

Typed or printed name of signer

Joey McSwain

Signature of a member or authorized representative of a member

Dated June 8,

2015

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.

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

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JUN 15 2015
STATE OF MISSISSIPPI
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8 41:24 PM