

05/10/2016

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PAGE 01/05

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H160001155643

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FLORIDA MULTISERVICES, INC.
Account Number : I20150000061
Phone : (786)290-3319
Fax Number : (305)645-2035

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: FLMultiservices@yahoo.com

RECEIVED

2015 MAY 10 AM 10:08

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIAMI BROTHERS AUTO TRANSPORT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 10 PM 12:49

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COVER LETTER

H 16000 11 55643

**TO: Registration Section
Division of Corporations**

SUBJECT: MIAMI BROTHERS 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:

CARLOS DAVID NASTA

Name of Person

MIAMI BROTHERS AUTO TRANSPORT LLC

Firm/Company

C/O 2208 SW 8 STREET

Address

MIAMI, FL 33135

City/State and Zip Code

flmultiservices@yahoo.com

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

For further information concerning this matter, please call:

CARLOS DAVID NASTA

305 631-6666
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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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H 16 000 11 55643

MIAMI BROTHERS 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 07/22/2015 and assigned
Florida document number L15000125342

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2208 SW 8 STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33135

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:

CARLOS DAVID NASTA

New Registered Office Address:

6932 BAY DRIVE APT #5

Enter Florida street address

MIAMI BEACH

, Florida 33141

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LOPEZ SANABRIA, ADOLFO	6932 BAY DRIVE APT #5	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TREASURY FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) #16 00011556

NONE

NONE

E. Effective date, if other than the date of filing: 05/04/2016 (optional)
(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)
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 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.

Dated MAY 4 2016

W. H. R.

Signature of a member or authorized representative of a member

CARLOS DAVID NASTA

Typed or printed name of signee

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Filing Fee: \$25.00

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23 MAY 10 P 12:49
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WASHINGTON, D.C.
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