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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Professional Auto Transporters UC 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:
Audrey Del Valle Name of Person
Professional Auto Transporters LLC
14026 SW 15/5+ CT
Miami, FL 33196  City/State and Zip Code
INFO @ Professional Auto Transporters. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Audrey Del Valle at (305), 878 – 9806 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 & Certificate of Status  □ \$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

ransporters LLC
ny as it now appears on our records.) Liability Company)
were filed on $\frac{7 28 15}{}$ and assigned
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lity Company," the designation "LLC" or the abbreviation "L.L.C."
Professional Auto Trunsporters UC 140210 SW 1515 CT Miami, FL 331910
Professional Auto Transporters UC 14026 SW 1515T CT Miami, FL 33196
ffice address on our records, <u>enter the name of the new</u> e:
A
Enter Florida street address Florida
City Ap Code
ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, I this document is address, I hereby confirm that the limited liassifity

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>	Type of Action
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docun	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	a as the
15 Ab	and a sign of delegand off this data has been effective time at 12.01 and an the application	a.f.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er or:
	, July 12th, 2016, 20	
Dated		
Dated	MH A M	
Dated	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00