

46000000412

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL POINTS AUTO CARRIERS 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:

JOE BAGLIER
Name of Person

ALL POINTS AUTO CARRIERS LLC
Firm/Company

4749 SW 46 LANE
Address

DAVIE FL 33314
City/State and Zip Code

JOE@ALLPOINTS AUTO CARRIERS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOE BAGLIER at (954) 790-4500
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

ALL POINTS AUTO CARRIERS 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 12-30-2015 and assigned Florida document number L16000000412.

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)

ALL POINTS AUTO CARRIERS LLC

4749 S.W. 46 LANE

DAVIE FL 33314

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:

JOE BAGLIER

New Registered Office Address:

4749 S.W. 46 LANE

Enter Florida street address

DAVIE

Florida

33314

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.


Joe Baglier
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>
MGR	Richard L. Basile	2900 Banyan Street	<input type="checkbox"/> Add
		Fort Lauderdale 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOE BAGLIER	4749 S.W. 46 Lane	<input checked="" type="checkbox"/> Add
		DAVIE FL 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Richard L. Basile	2900 Banyan Street	<input type="checkbox"/> Add
		Fort Lauderdale FL 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOE BAGLIER	4749 S.W. 46 Lane	<input checked="" type="checkbox"/> Add
		DAVIE FL 33314	<input 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
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (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 11/07/2017, _____

Jae Bayle

Signature of a member or authorized representative of a member

JOE BAGLIER

Typed or printed name of signee