

9/7/2016

From Larson Accounting 1.321.888.4919 Wed Sep 7 12:09:33 2016 MDT Page 1 of 7
Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

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

Email Address: consulting@larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LOCKAR TRANSPORTATION LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations
LOCKAR TRANSPORTATION LLC

SUBJECT: _____
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:

RENAN MESQUITA

Name of Person
LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Firm/Company
7901 KINGSPORTE PKWY STE 17

Address
ORLANDO, FL 32819

City/State and Zip Code
consulting@larsonacc.com

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

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For further information concerning this matter, please call:

JOAQUIM BENTO CARVALHO 407 235-8676

Name of Person at (_____) _____
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**

LOCKAR TRANSPORTATION 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 01/12/2016 and assigned
Florida document number L16000008737

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:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LOCKAR LOCACOES (...)	R DOMINGOS MARQUES 1800	<input type="checkbox"/> Add
		CASA 01	<input checked="" type="checkbox"/> Remove
		CAMPO GRANDE, MS (BR)	<input type="checkbox"/> Change
AMBR	CAMPOS CARVALHO, SONIA	5950 LAKEHURST DR.	<input type="checkbox"/> Add
		STE 201	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
AMBR	ARNEIRO C, FRANCISCO E	5950 LAKEHURST DR.	<input type="checkbox"/> Add
		STE 201	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
AMBR	BENTO CARVALHO, JOAQUIM	8820 LEELAND ARCHER BLVD	<input type="checkbox"/> Add
		ORLANDO, FL 32836	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	M. NETO, JOAO BATISTA	5950 LAKEHURST DR	<input checked="" type="checkbox"/> Add
		STE 201	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(1) COMPLETE NAME OF FIRST AMBR TO REMOVE IS:

LOCKAR LOCACOE & TRANSPORTES EIRELI - ME

(2) CHANGE "BENTO CARVALHO, JOAQUIM" FROM MGR TO AMBR

(3) ADD JOAO BATISTA M. NETO AS AUTHORIZED MEMBER.

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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.

SEPTEMBER 7th 2016
Dated _____,

DocuSigned by:

Signature of a member or authorized representative of a member

JOAQUIM BENTO CARVALHO

Typed or printed name of signee