

L16 0 000 21669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Amend

07/28/16--01027--010 \*\*25.00

FILED  
16 JUL 28 PM 12:50  
TALLAHASSEE, FLORIDA  
OFFICE OF STATE

AUG -1 2016  
N. CAUSSEAU

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CLP AUTO CARRIERS LLC  
Name of Limited Liability Company



**Ted Bencsik  
P O Box 3071  
Tequesta, FL 33469**

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward Bencsik

Name of Person

CLP AUTO CARRIERS LLC

Firm/Company

PO Box 3071 Tequesta FL

Address

034469

PO BOX

Jupiter FL 33469

City/State and Zip Code

TeddyBencsik@gmail.com

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

For further information concerning this matter, please call:

Ted Bencsik

Name of Person

at (561) 670 9032

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

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

FILED  
16 JUL 28 PM 12:58  
TALLAHASSEE, FLORIDA  
and assigned

The Articles of Organization for this Limited Liability Company were filed on 2/1/16  
Florida document number CL6000021669

This amendment is submitted to amend the following:



A. If amending name, enter the new name of the limited liability company here:  
CLP Auto Carriers, LLC  
P O Box 3071  
Tequesta, FL 33469

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)

[Signature]

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 3071 Tequesta FL  
PO BOX 33469

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

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
SEC	Elizabeth Bencsik	1200 Choctaw St	<input type="checkbox"/> Add
		Jupiter, FL 33458	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

JUL 8 PM 12:51  
 STAFF  
 TALLAHASSEE FL 32304

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

Multiple horizontal lines for amending information.

16 JUL 28 PM 12:51  
STATE  
FLORIDA

FILED


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  7/25/16, 2016

  
Signature of a member or authorized representative of a member

Edward Pencsik  
Typed or printed name of signer