

216000070903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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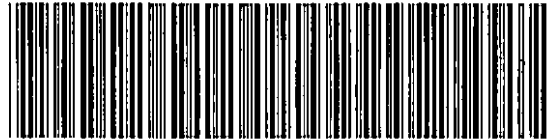
(Business Entity Name)

(Document Number)

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12/13/17--01009--028 **25.00

FILED
DEC 13 PM 3:33
TALLAHASSEE, FLORIDA

D. SCOTT
DEC 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLEET EXCHANGE 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:

ALEX ARICIUC
Name of Person
FLEET EXCHANGE LLC
Firm/Company
13575 58th ST. N
Address
CLEARWATER, FL 33760
City/State and Zip Code
ALEX @ AMERICAN FLEET EXCHANGE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX ARICIUC at (727) 688 6823
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

FILED
JAN 13 2011
TALLAHASSEE
FEB 13 2011

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLEET EXCHANGE 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 4/11/2016 and assigned
Florida document number L16000070903

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)

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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	PASADENA EXPRESS INC	5512 ESCONDIDA	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG	<input checked="" type="checkbox"/> Remove
		FL 33715	<input type="checkbox"/> Change
MGR	GEAR ONE INC	5512 ESCONDIDA BLDG	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL	<input type="checkbox"/> Remove
		33715	<input type="checkbox"/> Change
MBR	FENDRIHAN USA INC	8098 118 th AVE N	<input checked="" type="checkbox"/> Add
		LARGO, FL	<input type="checkbox"/> Remove
		33773	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

FILED
2017 FEB 03
FALL APT. SEC. 7.0
3:00 PM
Add
Remove
Change
Add

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

201 FEB 13 P
MAIL ASSISTANT

201 DEC 13 P 3:33
MILLAIASIS, FLORIDA
OPTIONAL

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

December 11th 2017

[Handwritten signature]

Signature of a member or authorized representative of a member

ALEX ARICIO

Typed or printed name of signee