

L17000133475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

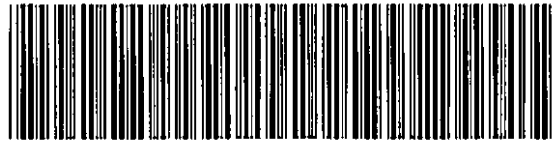
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Subj*

*Wang farm*

Office Use Only



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08/26/18--01019--005 \*\*48.75

FILED  
CLERK OF STATE  
OFFICE OF CORPORATIONS  
12:00:01 PM 8-17

*Amend name chan*

SEP 06 2018

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Auto Impound Solution  
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:

Jose Milord  
Name of Person

Firm/Company

644 NW 207 Drive  
Address

Pembroke Pines FL 33029  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jose Milord at (954) 295-3367  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 10 2007  
TALLAHASSEE, FL  
CLERK OF COURT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2018

JOSE MILORD  
644 NW 208 DRIVE  
PEMBROKE PINES, FL 33029

SUBJECT: AUTO IMPOUND SOLUTION, LLC  
Ref. Number: L17000133475

We have received your document for AUTO IMPOUND SOLUTION, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 418A00017375

RECEIVED  
18 AUG 31 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FL 32311

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Auto Impound Solution L.L.C

(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 8/29/2013 and assigned  
Florida document number 217000133475

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Impound solution L.L.C

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>
	<u>Lloyd Gelu</u>	<u>644 NW 208 Drive</u>	<input type="checkbox"/> Add
		<u>Pembroke Pines FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33029</u>	<input type="checkbox"/> Change
<u>P</u>	<u>Jose milud</u>	<u>644 NW 208 Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Pembroke Pines FL</u>	<input type="checkbox"/> Remove
		<u>33029</u>	<input type="checkbox"/> Change
<u>✓</u>	<u>Andre Serieux</u>	<u>11762 NW 1st street</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Springs</u>	<input type="checkbox"/> Remove
		<u>FL 33071</u>	<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
			<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.)*

N/A

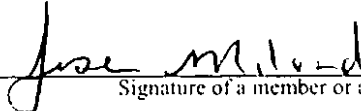
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 8/29/2017



Signature of a member or authorized representative of a member

Jose Milord

Typed or printed name of signee