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TO:

		COVER LETTER	S at
TO: Registration Section Division of Corpo			
	Auto Transportation Service	e. LLC	
SUBJECT:	Name of Lim	ited Liability Company	· • • • • • • • • • • • • • • • • • • •
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The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Daniel J. Nettler		
		Name of Person	
	Polished Pros Auto Transp	ortation Service, LLC	
		Firm/Company	
	5587 Pine Lake Dr.		
		Address	
	Crestview, FL 32539-853	7	
		City/State and Zip Code	
	danny@polishedprotranspo	ortation.com to be used for future annual report no	otification)
For further information cor	ncerning this matter, please c		
Danny Nettler		850 218-8113 at ()	
Name of	Person		me Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	S30.00 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)
MAILI	NG ADDRESS:		RIER ADDRESS:
	tion Section of Corporations	Registration Sec Division of Corp	
P.O. Box	x 6327	Clifton Building 2661 Executive	
Tallahas	see, FL 32314	2001 Executive	Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Polished Pros Auto Transportation Service, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	nany as it now appears on our record Liability Company)	<u>dş.</u>)
The Articles of Organization for this Limited Liability Companies Florida document number L17000143705	y were filed on July 3rd, 2017	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	C" or the abhreviation "L.L.C."
Enter new principal offices address, if applicable:		E.G.
(Principal office address MUST BE A STREET ADDRESS)		₩ T T
		SEC O M
,		TO B O
Enter new mailing address, if applicable:		92T : 1
• • • • • • • • • • • • • • • • • • • •		DA N
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		is, enter the name of the new
Name of New Registered Agent:		
New Devictored Office Address.		
New Registered Office Address:	Enter Florida street addre	255
	, F	Torida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, a provided for in Chapter 605	and I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Type of Action
AMBR	Daniel J. Nettler	5587 Pine Lake Dr. Cewstview, FL	
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tive date, if other than the	date of filing:	(optional)
Tective date is listed, the date mus	be specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 605 filing requirements, this date will not be listed
nent's effective date on the De		thing requirements, this date will not be itsu
cord specifies a delayed 90th day after the reco		ive time, at 12:01 a.m. on the earli
·	na is mea.	
August 23rd	2017	
100		
	Signature of a member or authorized represen	itative of a member
Daniel J. Nettler		
Daniel J. Nettler	Typed or printed name of sign	nce

Filing Fee: \$25.00