L17000143705

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



000313360190

05/22/18--01006--011 **30.00

SECRETARY OF STATE

2018 JUN -6 PM 4: 3





FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2018

ROBERTO DE LEON 7390 SANDY CREEK DR PENSACOLA, FL 32506 US

SUBJECT: POLISHED PROS AUTO TRANSPORTATION SERVICE, LLC

Ref. Number: L17000143705

We have received your document for POLISHED PROS AUTO TRANSPORTATION SERVICE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 718A00011546

COVER LETTER

Division of Co			
	ros Auto Transportation Service	e, I.LC	
NOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Roberto De Leon		
		Name of Person	
	Polished Pros Auto Transp	oortation Service, LLC	
		Firm/Company	
	7390 Sandy Creek Dr.		
	 	Address	
	Pensacola, FL 32506		
		City/State and Zip Code	
	PolishedProsAT@yahoo.co		
For further information of	eoncerning this matter, please ca	to be used for future annual report notifiall:	ication)
Roberto De Leon		850 619-4145	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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**

FILED

2018 JUN -6 PH 4: 32

Polished Pros Auto Transportation, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.) AHASSEE, FLORIOA (A Florida Limited Liability Company)

The Articles of Organization for this Limited I Florida document number L17000143705	Liability Company	were filed on July 3, 20	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	7390 Sandy Creek Dr.	
(Principal office address MUST BE A STREET ADDRESS)	Pensacola, FL 32506		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	7390 Sandy Creek Dr. Pensacola, FL 32506	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		<u>e</u> :	records, enter the name of the nev
	72000	1.15	
New Registered Office Address:	7390 Sandy Cre	Enter Florida str	and and house
	D to	imer i araa sii	
	Pensacola	City	Florida 32506
		(M)	zφ 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.

Registered Agent, Sanature 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>	Address	Type of Action
AMBR	Daniel J. Nettler	5587 Pine Lake Dr.	
		Crestview, FL 32539	Remove
			Change
MGR	Roberto De Leon	7390 Sandy Creek Dr.	
		Pensacola, FL 32506	Remove
			Change
AMBR	Jenifer De Leon	7390 Sandy Creek Dr.	■ Add
		Pensacola, FL 32506	5 n
		·	□ Change
			□ Remove
			Change
	·		□ Add
			☐ Remove
			Change
			☐ Remove
			☐ Change

	CONTANY WAS PURCHASED ON MAY 11, 2018	
-		
		<u>_</u>
		
		
		
effect	e date, if other than the date of filing: LL LL LL Common (optional) tive 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 605.020
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not late state on the Department of State's records.	be listed a
eco:	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier o
ne 9	Outh day after the record is filed.	
ed	6·L·18	
	1.0°	· ·
	Signature of a member or alghorized representative of a member	103K
	Typed or printed name of signee	ZEVIBY 9-NOF
	Typed or printed name of signee	JUN -K

Filing Fee: \$25.00