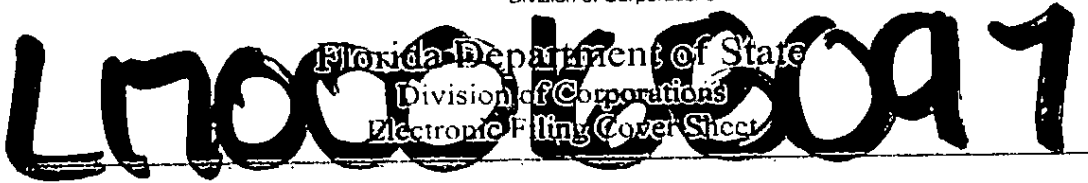


10/3/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LAXMY'S CARRIER SERVICES
Account Number : I20040000007
Phone : (305)640-0281
Fax Number : (305)640-0282

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LAXMYCZ001@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OLIVA AUTO TRANSPORTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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D. SCOTT

OCT 6 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OLIVA AUTO TRANSPORTS 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:

MELVIN G OLIVA ORELLANA

Name of Person

OLIVA AUTO TRANSPORTS LLC

Firm/Company

2089 OPA LOCKA BLVD

Address

OPA LOCKA, FL 32054

City/State and Zip Code

laxmyc2001@yahoo.com

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

For further information concerning this matter, please call:

LAXMY CHACON

Name of Person

305 640-0281

at ()

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLIVA AUTO TRANSPORTS 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 08/07/2017 and assigned
Florida document number L17000168097.

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**)

24527 SW 109TH AVE

HOMESTEAD, FL 33032

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

24527 SW 109TH AVE

HOMESTEAD, FL 33032

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:

HECTOR OLIVA

New Registered Office Address:

24527 SW 109TH AVE

Enter Florida street address

HOMESTEAD

City

Florida 33032

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

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

F. Effective date, if other than the date of filing: 10/03/2017 (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.

(b) The 90th day after the record is filed.

Dated OCTOBER 3

2017

Signature of a member or authorized representative of a member

MELVIN G OLIVARELLANA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2917 OCT -5 A 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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