

L17 000 207976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

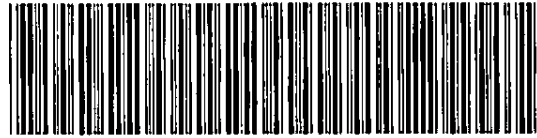
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUN -4 AM 9:24

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JUN 06 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: P&L AUTO HAULER 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:

MADELIN PEREZ VELAZQUEZ

\_\_\_\_\_  
Name of Person

ABOVE

\_\_\_\_\_  
Firm/Company

704 GOTHAM CT

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33405

\_\_\_\_\_  
City/State and Zip Code

MADELINPEREZ79@YAHOO.COM

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

For further information concerning this matter, please call:

MADELIN PEREZ VELAZQUEZ

561

260-1258

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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

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

P&L AUTO HAULER 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 10/03/2017 and assigned  
Florida document number L17000207936.

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)

704 GOTHAM CT

WEST PALM BEACH, FL 33405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

704 GOTHAM CT

WEST PALM BEACH, FL 33405

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**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:

MADELIN PEREZ VELAZQUEZ

New Registered Office Address:

704 GOTHAM CT

*Enter Florida street address*

WEST PALM BEACH

*City*

, Florida 33405

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

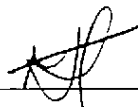
*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.*

X 

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>
MGR	MADELIN PEREZ VELAZQUEZ	704 GOTHAM CT	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE E SANCHEZ MAGDALENO	4262 VICLIFF RD	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33406	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VIVIANA LOPEZ NICOLAU	13567 61ST N	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33412	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

Dated 05/29/2018, 2018

x 

Signature of a member or authorized representative of a member

MADELIN PEREZ VELAZQUEZ

Typed or printed name of signee