

418000030504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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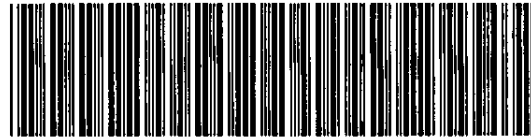
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All In Garage, 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 Cotto

Name of Person

All In Garage, LLC

Firm/Company

2530 Hikens CT

Address

Kissimmee FL 34743

City/State and Zip Code

allintowtransport@gmail.com

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

For further information concerning this matter, please call:

Melvin Cotto

Name of Person

at (305) 783-4968

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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

All In Garage, 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 February 2, 2018 and assigned Florida document number L18000030504

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)

1818 D E. Irlo Bronson Memorial
Hwy
Kissimmee FL 34744

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2530 Hikers
Kissimmee FL 34743

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:

Melvin Colto

New Registered Office Address:

1818 D E. Irlo Bronson Memorial Hwy
Enter Florida street address
Kissimmee, Florida 34744
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>
AMBR	Melvin Cotto	1818 DE. Irla Bronson	<input type="checkbox"/> Add
		Memorial Hwy	<input type="checkbox"/> Remove
		Kissimmee FL 34744	<input checked="" type="checkbox"/> Change
AMBR	Karina Cotto	1818 D E. Irla Bronson	<input type="checkbox"/> Add
		Memorial Hwy	<input type="checkbox"/> Remove
		Kissimmee FL 34744	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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SECRETARY OF
TALLAHASSEE.

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tional)

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 14 March 6, 2018

W. A. Galt
Signature of a member or authorized representative of a member

Melvin Gotto