# 118000/49524

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## COVER LETTER \_

TO: Registration Section Division of Corporations							
SUBJECT: US Unlimited AUTO TRANSPORT, 110 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:							
Julio Cesar Mata Perez							
Firm/Company							
rimvCompany							
2303 WOKIVA RIDGE Rd							
APOPKA, FL 32712.  City/State and Zip Code							
USUNIMITE day to transport agmail Com E-mail address: (to be used for future Innual report notification)							
For further information concerning this matter, please call:							
Julio C Hata Perez at 407, 452-4805 Name of Person Area Code Daytime Telephone Number							
Name of Person Area Code Daytime Telephone Number							
Enclosed is a check for the following amount:							
S25.00 Filing Fee \$\bigsim \frac{\text{\$30.00 Filing Fee & Certificate of Status}}{\text{Certified Copy (additional copy is enclosed)}} \Bigsim \frac{\text{\$\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}}{\text{\$\$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

Florida document number  $\underline{L18000149524}$ 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 2303 Weki VA RIDGE RD Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2303 WEKÎVA RIDGE RD Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: 

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 **Title** Name **Address** Type of Action Julio C Mata Perez 2303 Wekiva RiDGE RD DANG AMBR APOPKA, FL 32712 Change \_□ Add ☐ Remove \_□ Change 8 DAdd-\_ ☐-Remove \_\_\_ ☐ Change □ Add ☐ Remove □ Change ☐ Add □ Remove ☐ Change ☐ Remove □ Change

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Filing Fee: \$25.00