

L19000 183 426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

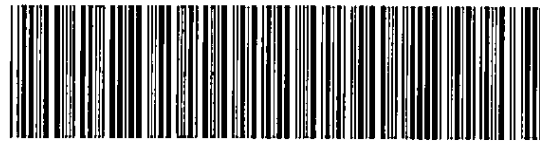
(Business Entity Name)

(Document Number)

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2019 OCT -9 PM 6:09
TALLAHASSEE, FL

OCT 28 2019
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEEL TOWN ^{AUTO} TRANSPORT
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:

LORRAINE CIRRUUTO
Name of Person

STEEL TOWN AUTO TRANSPORT LLC.
Firm/Company

4 ADMIRALS WALK
Address

STUART, FL 34996
City/State and Zip Code

lcirruuto@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORRAINE CIRRUUTO at (954) 3835656
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

STEEL TOWN AUTO TRANSPORT 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 7/16/19 and assigned Florida document number L19000183426.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4 ADMIRALS WALK
STUART, FL 34996

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4 ADMIRALS WALK
STUART, FL 34996

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:

LORRAINE CIRRUITO

New Registered Office Address:

4 ADMIRALS WALK

Enter Florida street address

STUART

City

Florida

34996
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>
Pres.	Kerensa Carpani	1913 NW 167 Ave	<input type="checkbox"/> Add
		Pembroke Pines FL	<input checked="" type="checkbox"/> Remove
		33028	
			<input type="checkbox"/> Change
Pres.	LORRAINE CIRRUOTO	4 ADMIRALS WALK	<input checked="" type="checkbox"/> Add
		STUART, FL 34996	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 10/5 . 2019 .

Sarraje Cirruto
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

LORRANE CIRILLO

Typed or printed name of signee