

120 000365858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRANSAUTO SOLUTIONS, 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:

MICHAEL O. GRANT

Name of Person

TRANSAUTO SOLUTIONS, LLC

Firm/Company

10421 SW 9TH LANE

Address

PEMBROKE PINES, FL 33025

City/State and Zip Code

transautosolutions@gmail.com

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

For further information concerning this matter, please call:

Michael Grant

Name of Person

at (954) 612-0050

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

2021 DEC 10 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FL

TRANSAUTO SOLUTIONS, 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 11/18/2020 and assigned Florida document number L20000365858.

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:

10421 SW 9th Lane

(Principal office address MUST BE A STREET ADDRESS)

Pembroke Pines, FL 33025

Enter new mailing address, if applicable:

10421 SW 9th Lane

(Mailing address MAY BE A POST OFFICE BOX)

Pembroke Pines, FL 33025

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:

MICHAEL GRANT

New Registered Office Address:

10421 SW 9th Lane

Enter Florida street address

Pembroke Pines

City

Florida 33025

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.

DocuSigned by:

MICHAEL GRANT

5083BB34D00C4EA

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>
<u>MGR</u>	<u>PAUL EASY</u>	<u>6617 FICUS DRIVE</u>	<input type="checkbox"/> Add
		<u>MIRAMAR, FL 33023</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>PAUL EASY</u>	<u>6617 FICUS DRIVE</u>	<input type="checkbox"/> Add
		<u>MIRAMAR, FL 33P23</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
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		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FL

2021 DEC 10 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FL

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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)

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 December 1, 2021

DocuSigned by:
MICHAEL GRANT
50B38B34D80C4E8 Signature of a member or authorized representative of a member

MICHAEL O. GRANT
Typed or printed name of signee

Filing Fee: \$25.00