

L10 000046187

(Requestor's Name)

FRANK ROSSI HOME REPAIRS  
199 JEFFREY LANE  
FT. PIERCE, FL 34982  
772 - 359 - 2286

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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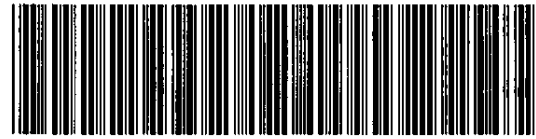
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G. MCLEOD

JUN 01 2010

EXAMINER



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SECRET  
DIVISION OF CORPORATION  
10 MAY 28 PM 3:11

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maxwell & Sons Trucking 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 April 29, 2010 and assigned Florida document number L10000046187

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

199 Jeffrey Ln Ft. Pierce FL 34982

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

RECORDS DIVISION MAY 28 PM 3:11

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:

199 Jeffrey Ln Enter Florida street address

Ft. Pierce Florida 34982 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>Roger W. Maxwell, Sr</u>	<u>199 Jeffrey Ln H. Pierce Fl 34982</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Treasurer</u>	<u>Frank Rossi</u>	<u>199 Jeffrey Ln H. Pierce Fl 34982</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

Patricia McClellan  
Signature of a member or authorized representative of a member

Patricia McClellan  
Typed or printed name of signee