

L14000104356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

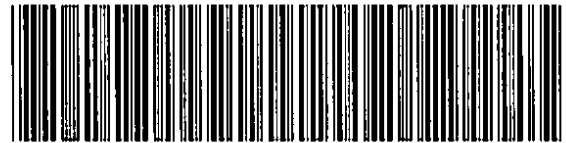
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/27/18--01001--029 ♦\$25.00

2018 AUG 27 PM 12:31
CLERK OF STATE
1001 MARKET STREET
PHILADELPHIA, PA 19107

M. MILLIGAN

SEP - 8 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARCE TRUCKING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YAIMA ALMARALES

Name of Person

INTX CARRIER SERVICES INC

Firm/Company

1719 W SLIGH AVE

Address

TAMPA FL 33604

City/State and Zip Code

yalmarales@istarexpress.com

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

For further information concerning this matter, please call:

YAIMA ALMARALES

Name of Person

at (813) 805-8572

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ARCE TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2018 AUG 27 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on **JUN 30, 2014** and assigned
Florida document number **L14000104356**

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 "L.L.C."

Enter new principal offices address, if applicable:

394 CAROLINE AVE

(Principal office address **MUST BE A STREET ADDRESS**)

WEST PALM BEACH FL 33413

Enter new mailing address, if applicable:

SAME AS ABOVE

(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:

YANDER ARCE

New Registered Office Address:

394 CAROLINE AVE

Enter Florida street address

WEST PALM BEACH

City

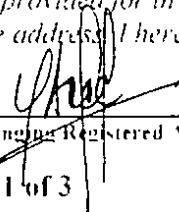
Florida

33413

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **AUGUST 22**, **2018**



Signature of a member or authorized representative of a member

YANDER ARCE

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2018 AUG 27 PM 12:37
CLERK OF STATE
TALLAHASSEE, FLORIDA