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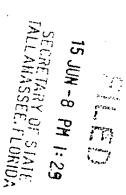
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## **COVER LETTER**

| Division of Corpor            | ations                                       |                                                                  |                     |                                                                                                     |  |
|-------------------------------|----------------------------------------------|------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------|--|
| SUBJECT:                      | PREMIUM TRUCKING LLC                         |                                                                  |                     |                                                                                                     |  |
|                               | Name of Limi                                 | ted Liability Company                                            |                     |                                                                                                     |  |
| The enclosed Articles of Am   | endment and fee(s) are sub-                  | mitted for filing                                                |                     |                                                                                                     |  |
|                               | .,                                           | •                                                                |                     |                                                                                                     |  |
| Please return all corresponde | ence concerning this matter                  | to the following:                                                |                     |                                                                                                     |  |
|                               |                                              | Peter M. Lopez,                                                  | Esq.                |                                                                                                     |  |
|                               | Name of Person                               |                                                                  |                     |                                                                                                     |  |
|                               | Peter M. Lopez, P.A.                         |                                                                  |                     |                                                                                                     |  |
| Firm/Company                  |                                              |                                                                  |                     |                                                                                                     |  |
| 1911 NW 150th Ave. #201       |                                              |                                                                  |                     |                                                                                                     |  |
| Address                       |                                              |                                                                  |                     | <del></del>                                                                                         |  |
| Pembroke Pines, FL 33028      |                                              |                                                                  |                     |                                                                                                     |  |
| City/State and Zip Code       |                                              |                                                                  |                     |                                                                                                     |  |
|                               |                                              | pmlopezpa@yahoo                                                  |                     |                                                                                                     |  |
| ·                             | E-mail address: (                            | to be used for future annua                                      | il report notificat | ion)                                                                                                |  |
| For further information conc  | erning this matter, please ca                | all:                                                             |                     |                                                                                                     |  |
| Peter M. Lopez                |                                              | 954<br>at ()                                                     | 436-6111            |                                                                                                     |  |
| Name of Pe                    | erson                                        | Area Code                                                        | Daytime Te          | lephone Number                                                                                      |  |
| Enclosed is a check for the f | following amount:                            |                                                                  |                     |                                                                                                     |  |
| ■ \$25.00 Filing Fee          | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee<br>Certified Copy<br>(additional copy is ea |                     | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |

MAILING ADDRESS:

TO:

Registration Section

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** 

#### PREMIUM TRUCKING LLC.

Pursuant to the provisions of the Florida Statutes, this Limited Liability Company adopts the following articles of amendment to its articles of organization:

- 1. The name of the limited liability company is PREMIUM TRUCKING L.L.C., a Florida limited liability company, (the "Company").
- 2. Article II of the Articles of Organization is amended to revise the principal address and mailing address of the Company to: 250 Catalonia Avenue, Suite 600, Coral Gables, Florida 33134.
- 3. Article IV of the Articles of Organization of the Company is amended to revise the address for the Managing Members to read as follows:
  - (i) Antonino G. Russo 250 Catalonia Avenue, Suite 600 Coral Gables, Florida 33134
  - (ii) Benny A. Russo 250 Catalonia Avenue, Suite 600 Coral Gables, Florida 33134
  - 4. The date of this amendment's adoption is June 5, 2015.
- 5. The amendment of the article of organization was approved by all members on June 5, 2015. The number of votes cast for the amendment was sufficient for approval.

IN WITNESS WHEREOF, the Company has caused these Articles of Amendment to be executed as of the day of June, 2015.

PREMIUM TRUCKING LLC., a Florida limited liability company

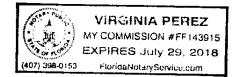
Perer M. Lopez, Suscribing Member

| STATE OF FLORIDA  | )     |
|-------------------|-------|
|                   | ) SS: |
| COUNTY OF BROWARD | )     |

The foregoing instrument was acknowledged before me this <u>5</u> day of June, 2015 by Peter M. Lopez, as Suscribing Member of PREMIUM TRUCKING LLC., a Florida limited liability company on behalf of the company. He is personally known to me and did not take an oath.

Notary Public, State of Florida

Print Name: Commission No.



SECRETARY OF STALL