

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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MAY'17 2013 D. BRUCE

COVER LETTER

TO:	Registration Se Division of Cor			
CHID IF	ALT TOW	ING LLC		
SUBJE	UT:	Name of Limi	ited Liability Company	-
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		BARBARA FERNANDEZ	z	
			Name of Person	
		TAX AND TRUCK ZONE	E LLC	
			Firm/Company	
		2 W MONUMENT AVE S	SUITE 203	
			Address	
		KISSIMMEE, FL 34741		22
			City/State and Zip Code	2016 MAY 16 MASSE
		CS@TAXANDTRUCKZOI	NE.COM to be used for future annual report notification)	- 23 - 1
For furth	ner information co	oncerning this matter, please ca	•	SEC T
BARBA	ARA FERNANDI	EZ	407 201-3971	
	Name of	Person	at ()	per T.
Enclosed	l is a check for th	e following amount:		
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, 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

ited Liability Compa (A Fiorida Limited)	nny as it now appears on our records.) Liability Company)	
Liability Company	were filed on February 11, 2016	and assigned
·		
llowing:		
of the limited liab	sility company here:	
words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
icable:	N/A	
ET ADDRESS)		
E BOX)	N/A	
office address her		2016 SEC
N/A		
N/A		ARY of
	Enter Florida street address Florida	T D C
	Liability Company llowing: of the limited liability words "Limited Liability liable: ET ADDRESS) d/or registered of office address her	of the limited liability company here: words "Limited Liability Company," the designation "LLC" or the licable: N/A N/A N/A BBOX) d/or registered office address on our records, ent office address here: N/A

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 = M $AMBR = A$	anager uthorized Member	ber		
<u>Title</u>	Name	Address	Type of Action	
			☐ Remove	
				
			☐ Remove	
			Add	
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		Change

Effective date, if other than the date of filing: (optional) (op	If amending any other inform	ation, enter change(s) he	e re: (Attach addition	nal sheets, if necessa	ry.)
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 Parsuant 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.		 			
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	The 90th day after the re-	ford is filed.			유리 표
MAY 5TH 2016	MAY 5TH	2016			E SE
Dated	Dated	,	 •		
that lows Inner	thall gu	5 hours	2		
Signature of a member or authorized representative of a member	0	Signature of a member or au	thorized representative o	f a member	- , ,

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00