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COVER LETTER

TO: Registration Se Division of Cor			
SURJECT: 1-16Y	CULES Trucking Name of Lim	1.220	
Sebuter.	Name of Lim	ited Liability Company	Page 19 Page 19 Page 19 Add 19
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	huis Antoni	Rodriguez Faxx	&.y'
	Hereules Ty	ucking LLC Firm/Company	
	6051 10Th A	VE M Address	· · · · · · · · · · · · · · · · · · ·
		Address	
	GREEKIACYES,	FL - 33463 City/State and Zip Code OB Q Jahoo. 2m to be used for future annual report notifi	
	1 0 1	City/State and Zip Code	
	La Koariguez E-mail address: ()	08 & Gahoo. Cm to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca		,
hois Rat	NEVER	at (<u>56/</u>) <u>307</u> - Area Code Daytime	9681
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)
MAIL	ING ADDRESS:	STREET/COURII	ER 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

HereulesTruck	ing, LLC	
(Name of the Limited	d Liability Company as it now appears on o A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia		UCYY 29, 7017 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	 =	
LAROD Trucking.	LLC	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	17
		A.P.
B. If amending the registered agent and/o		records, enter the name of the new
registered agent and/or the new registered offi	ice address here:	
Name of New Registered Agent:	Luis Rodriguez	RA W
New Registered Office Address:	,	
	Enter Florida st	reet address
	Citv	, Florida
	Çii,y	Lip Cour

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 = Manager AMBR = Authorized Member Title **Name Address Type of Action** huis Rooriguez GOSI 10TH N. GREEN ACKES BAdd MGR □ Remove AUTHOYIZED ☐ Change huis Rodriguez 6051 10th M. GREEN ACYES PEYSON ☐ Remove □ Change □ Add □ Remove Change ; __d Ch ____ (D:Add \ □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

AUTHORIZED person(s) - DETail -	A-		Y) ロレ	42	
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Filing Fee: \$25.00