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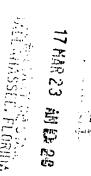
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MAR 2 4 2017

Y SULKER

COVER LETTER

TO: Registration Section Division of Corporation			٠,
SUBJECT:	Vation Hau	Lers LC	· .
ľ	Name of Limit	ted Liability Company	
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	JACQUEL	ine Canela Name of Person	
			
	Nation Ho	aulens LLC	
	1315 NW	36 Street	
		Address	
	Miani, Fle)rida 33166	
		City/State and Zip Code	
-	JCBAILBONG	OS @ AOL. COM o be used for future annual report notifi	
	E-mail address: (to	o be used for future annual report notifi	.cation)
For further information conc	erning this matter, please cal	И:	
JAcqueline	e Canela	at ()	262-7978
Name of Pe	erson	Area Code Daytime	Telephone 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 & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

۱,

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

Nation Haulers LLC	any se it now ampears on our records.)		
	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L/7</u> 00054698.	were filed on $3/9/2017$	and as	signed
Florida dagument number / 1200054698			
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "I	L.L.C."
Enter new principal offices address, if applicable:	7.315 N.W. 36 Street	/	
(Principal office address MUST BE A STREET ADDRESS)	7315 N.W. 36 Street	6	
Trincipas Office assaults (1001 BE 12 STREET (1001 RES)			
Enter new mailing address, if applicable:	1315 N.W. 36 Stre	et	
(Mailing address MAY BE A POST OFFICE BOX)	1315 N.W. 36 Stre Miani, HORIDA 3316	6	
			
B. If amending the registered agent and/or registered o		the name	of the n
registered agent and/or the new registered office address her	<u>e</u> :	 Ar.	-
			7
Name of New Registered Agent:			75
New Registered Office Address:		<u> </u>	<u>3</u>
	Enter Florida street address		
	, Florida		1000
		Zip Code	•
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	; •	
I hereby accept the appointment as registered agent and agr	ree to act in this canacity. I further as	ree to com	plv with th

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
		Ar	☐ Change
	 	·	Add
			□ Remove
			Change
	 	 	Sin Po
			☐ Add
		***************************************	Change
			□ Add
			Remove
		·	Change
			
			☐ Remove
			☐ Change

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change the address of both M.G.R.M., Jacqueline Canela & Cristina Valdes to business principal address of 1315 N.W. 36th Street, Minmi, FL 3316			_
Jacqueline Canela + Cristina Valdes			_
to husiness principal address of			_
1315 (1.11). 36th Street. MiAm: FL 3311	66		_
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ffective date, if other than the date of filing:	iling) Pursu	antio 60)5.0207 ted as
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