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PICK-UP	WAIT	MAIL .
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Certified Copies	_ Certificates of	f Status
Special Instructions to Filing Officer:		
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### COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Absolute Trucking L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Tresca Crusaw

Name of Person

# Absolute Trucking L.L.C.

Firm/Company

12348 Soaring Flight Drive, Box 14

Address

Jacksonville, Florida 32225

City/State and Zip Code

absolutetrucking90@hotmail.com

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

For further information concerning this matter, please call:

# Tresca Crusaw

Name of Person

904 524-6036

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

y Company as it now appears on Limited Liability Company)	our records.)
Company were filed on Februa	ary 8, 2012 and assigned
nited liability company here:	
ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
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stered office address on our dress here:	records, enter the name of the nev
Enter F	lorida street address
	, Florida
City	Zip Code
	tered office address on our less here:  Enter F

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add
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D. <i>H</i> amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
Please update the	e EIN Number to 45-4477986.
Dated January 9	2013
Dated Caridary 5	
	· X
Signat	ture of a member or authorized representative of a member
Tresca Crusaw	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00