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2018 NOV 20 PM 12: LT

C. GOLDEN

DEC -1 2018

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	TECASER	VICES LLC				
. • () () ()		Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		EDGAR SERRANO				
			Name of Person			
		2070 POINTE BLACE AA	Firm/Company			
		3070 POINTE PLACE AV				
Address KISSIMMEE, FL 34758						
City/State and Zip Code PECASERVICES1@GMAIL.COM						
C C	ala and the Comment of the con-		to be used for future annual report notifi	cation)		
		oncerning this matter, please c				
EDGA			863 399-4956 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	ne following amount:				
■ \$25	5.00 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

(Name of the Limited Liability Company as it now appears on our records.) 3 Julian ARY OF STATE

FILED

PECASERVICES LLC

2018 NOV 20 PM 12: 47

	(A Florida Limited Liability Company)	TALLAHASSEE, FL
	Liability Company were filed on 06-29-2012	and assigned
Florida document number L12000085744		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
PECASERVICES TRANSPORTATION LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
		
B. If amending the registered agent and	d/or registered office address on our record	ds, enter the name of the new
registered agent and/or the new registered of	office address here:	
Name of New Registered Agent:		·
New Registered Office Address:		
Enter Florida street address		7535
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
provisions of all statutes relative to the pro- accept the obligations of my position as reg	ed agent and agree to act in this capacity. I for per and complete performance of my duties, a gistered agent as provided for in Chapter 605, registered office address, I hereby confirm th	ind I am familiar with and . F.S. Or, if this document is
company has been notified in writing of thi.		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
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. Effecti	date, if other than the date of filing: (optional)	
(If an eff <u>Note:</u>	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Ith day after the record is filed.	er of:
Dated	OV-12/18	
	Signature of a member of authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00