## K21000209381

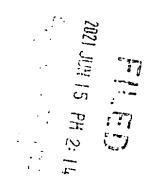
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operating the timing officer.





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06/15/21--01013--021 \*\*30.00





## **COVER LETTER**

	ision of Corp					
CUBIFAT.	Request For Name Change For American Motor Carrier LLC					
SUBJECT		Name of Limi	ted Liability Company			
The enclosed	I Articles of <i>i</i>	Amendment and feets) are subt	nitted for filing.			
Please return	ull correspo	ndence concerning this matter	to the following:			
·		Samir Arora				
		•	Name of Person			
		American Motor Carrier LI	.C .		20	
	Firm/Company				2021 JUN	. 11
		105 Riviera Cir				21872 1 12881 3
			Address		, B	2.12.23 2.12.23
	Weston, FL 33326				12	ار عمد الم
		samir.arora@hotmail.com	City/State and Zip Code			
			to be used for future annual report not	ilication)		
For further i	nformation c	oncerning this matter, please ca	ill:			
Samir Arora			7869084079	)		
	Name o	l'Person	Area Code Daytin	ne Telephone Number		
Enclosed is	a check for th	ne following amount:				
□ \$25.00 °	Filing Fee	\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration So Division of Co The Centre of	orporations			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our recor- Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company for ida document number 1.21000209381		and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
Arora Diesel & Tractor LLC		<u> </u>
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	
Enter new principal offices address, if applicable:	105 Riviera Cir	
Principal office address MUST BE A STREET ADDRESS)	Weston, FL 33326	5
		<u> </u>
		13
inter new mailing address, if applicable:		. <u>.</u> .
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
	,	
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street addre.	N.S.
	. FI	oridaZip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
<b></b> }			□Remove
<del>=</del>   =			□Change
			□Add
			Remove The Contract of the Con
Ţ <b>*</b>			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□∧dd
			□Remove
			□Change
	<del></del>		□Add
		<del></del>	□Remove
			□ Change

Typed or printed name of signee