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## Cover Letter

Trailer Solutions - FL, LLC

Daytime Number - 800-224-8180

Return Address-Trailer Solutions – FL, LLC 3360 SW 26<sup>th</sup> Ave Suite 301 Ocala, FL. 34471

Please provide a Certified Copy.

#### **COVER LETTER**

SUBJECT: TRAILER SOLUTIONS - FL, LLC 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:
ANDREW ACKER MANN Name of Person
TRAILER SOUTIONS - FL. LLC Firm/Company
3306 SW 26th AUE, Sutte 301
OCALIA, FT 3447   City/State and Zip Code
E-mail address: (to be used for future annual genort notification)
For further information concerning this matter, please call:
AND New Acker WAN  at (727) 902-6282  Name of Person at (727) 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 & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

TRAILER SOLUT	
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability[Company]
The Articles of Organization for this Limited Liability Of Florida document number OH OO I Florida document is submitted to amend the following:	Company were filed on $02/20/2004$ and assigned $0.7$
A. If amending name, <u>enter the new name of the lim</u>	ited liability company home
t. It amending name, enter the new name of the min	ned nabinty company nere:
he new name must be distinguishable and contain the words "I in	nited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
the new manie must be distinguishable and contain the words. This	
Enter new principal offices address, if applicable:	3306 SW 26th Are suffe 301
<u>Principal office address MUST BE A STREET ADDI</u>	RESSI OCALA FI. 34471
	1
Enter new mailing address, if applicable:	3306 SW 26th Are Suite 301
Mailing address MAY BE A POST OFFICE BOX)	OCALA FI 34471
	· · · · · · · · · · · · · · · · · · ·
	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	ress here:
Name of New Registered Agent:	
New Registered Office Address: 3	300 SW 26th Aug Suite 301 Enter Florida street address
	OCALA , Florida 34471
	City Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:
provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited hability
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = Au	thorized Member	!		
<u>Title</u>	<u>Name</u>	Address		Type of Action
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		ST Pe	te Beach, FL, 3370	Remove
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in effect	date, if other than the date we date is listed, the date must be s	pecific and cannot be prior	to date of filing or more t	(optional) han 90 days after tiling.)	Pursuant to 605.020
	he date inserted in this block of seffective date on the Depart			quirements, this date v	vill not be listed as
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