

Florida Department of State
Division of Corporations
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Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MEDLOCK TRACTOR, LLC

Certificate of Status	0
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T. Burch FEB -6 2014

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MEDLOCK TRACTOR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/22/2004

Florida document number L04000054675

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MUST BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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 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 Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: (((H14000028729 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Betty Carol Powell	4006 Conway Place Circle Orlando, FL 32812	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Sheryll T. Ford	4114 Pecan Lane Orlando, FL 32812	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Betty Carol Powell, Co-Trustee of the Betty Carol Powell Revocable Trust	4006 Conway Place Circle Orlando, FL 32812	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S/T	Sheryll E. Ford	4114 Pecan Lane Orlando, FL 32812	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Add:

ARTICLE IV - MANAGEMENT OF THE COMPANY

The company shall be a member-managed company.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 30, 2014

Betty Carol Powell

Signature of a member or authorized representative of a member

Betty Carol Powell, Co-Trustee

Typed or printed name of signer

of the Betty Carol Powell Revocable Trust

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