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(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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T. HAMPTON
SEP - 2 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R & A TRUCKING, 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:

ARCENIO R. MERA.

Name of Person

Firm/Company

710 REDGRAVE RD

Address

710 REDGRAVE RD.

City/State and Zip Code

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

For further information concerning this matter, please call:

ARCENIO R. MERA.

Name of Person

at (407) 509-2003

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**

R & A TRUCKING, 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 12/07/06 and signed

Florida document number LOG000118169

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)

710 RED GRAVE RD
DAVENPORT, FL 33837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

710 RED GRAVE RD.
DAVENPORT, FL 33837

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:

ARCENIO R. MERA

New Registered Office Address:

710 RED GRAVE RD.

Enter Florida street address

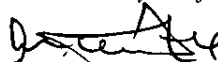
DAVENPORT, Florida 33837

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 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 Changing Registered Agent, Signature of New Registered Agent

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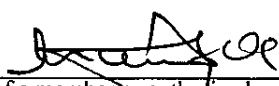
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHRISTOPHER VENIER.	109 UNCLE PETE RD. SOUTH HAINES CITY, FL 33844	☐ Add ☒ Remove
MGRM	ARCENIO R. MERA	710 REDGRAVE RD DAVENPORT, FL 33831	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated _____



Signature of a member or authorized representative of a member

MGRM - ARCENIO R. MERA

Typed or printed name of signee

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