L07000004736

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TO: Registration Section Division of Corporations	
SUBJECT: J. ZARL TRUCKS PLCC (Name of Limited Liability Company)	
(Name of Limited Liability Company)	
(value of Elimited Blabinty Company)	<i>:-</i> \
The enclosed Articles of Amendment and fee(s) are submitted for filing.	•
Please return all correspondence concerning this matter to the following:	
J. KARL TRUCKS (Name of Person)	
(Name of Person)	
J. KARL TRUCKS, PLLC (Firm/Company)	
(Firm/Company)	
P.O. BOX 28103	
(Address)	
PANAMY CITY, FL 32411 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
J. KARL TRUCIES at (850) 249-2552 (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$525.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J. KARL TRUCKS, PLIC		
(Name of the Limited Liability Compa (A Florida Limited L	any as it now appears on our records.) Liability Company)	•
The Articles of Organization for this Limited Liability Company Florida document number <u>L07000004736</u> .	y were filed on 1/12/2007 and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
TRUCKS + ASSOCIATES, PLIC The new name must be distinguishable and end with the words "Limitation of the control of the contr		·
The new name must be distinguishable and end with the words "Limi"L.L.C."	nited Liability Company," the designation "LLC" or the a	bbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
		<u>_</u>
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		f the new
	ALL	
Name of New Registered Agent:	N/A SE	
New Registered Office Address:	(%) <u>2</u>	ry razimino
	(Enter Florida street address) =	3
New Registered Agent's Signature, if changing Registered Agent:	(City)	e)
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	plete performance of my duties, and I am familiar provided for in Chapter 608, F.S. Or, if this docu	with and ment is

(If Changing Registered Agent, Signature of New Registered Agent)

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 = 1 MGRM	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
	w/a		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If am	nending any other information, enter cha レル	ange(s) here: (Attach additional sheets, if necessar	y.)
			O9 JAH 21 SI CACIA
Dated		nber or authorized representative of a member	SEFFICE &
	J. KARLT	rucks	52 ALE RIDA
	Tyl	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00