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08 OCT 17 MHIO: 4.7 SECRETARY OF STATE ALLAHASSEE, FLORIDA

D. BRUCE

OCT 2 0 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: N. Y. Trucking, LCC (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:		
Wichole Yeomans (Name of Person)		
N. Y. Trucking, LLC (Firm/Company)		
11501 Shirley Ln (Address)		
N. Ft. Myers. FL 33917 (City/State and Zip Code)		
/ (City/State and Zip Code)	80	
For further information concerning this matter, please call:	130	1
Nichole Vennans at (239) 872. 3149 (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)	17 M 10 4	
Enclosed is a check for the following amount:	47	
\$25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		ed)

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

<u> </u>			
ompany as it now appears lited Liability Company)	on our records.)		
pany were filed on <u>Oct</u>	Fober 14, 2008 and assigned		
l liability company here:	:		
LC	•		
"Limited Liability Company	y," the designation "LLC" of the abbreviation		
	08 SE TAL		
4-21-1	AR A		
<u></u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
 	SSR - I		
	E OF S		
	r records, enter the name of the new		
s nere:			
New Registered Office Address: (Enter Florida st			
·	, Florida		
(City)	(Zip Code)		
	I liability company here (E) Company Company		

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

MGR = Manager MGRM = Managing Member					
<u>Title</u>	Name	Address	Type of Action		
			Add Remove		
			Add Remove		
	The second secon		Add Remove		
D. If a	mending any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_		
			08 OCI SECRETA TALLAHAS		
Dated _	October 15 , 20	∞ <u>8</u> .	FILED OCT 17 MM ID 47 RETARY OF STATE AHASSEE, FLORIDA		
	Signature of a member Nic Mole Type	er of authorized representative of a member YEOMONS d or printed name of signee	47		

Page 2 of 2

Filing Fee: \$25.00