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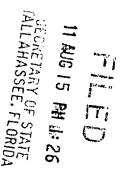
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D. BRUCE

AUG 16 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: W. H. Trick and Equipment Repair 11C 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:
William Hallam Name of Person
W. H. Truck and Equipment Repair LC Firm/Company
2955 Apaloosa Trl. Address
Deltona, Fl 32738 HARE & TI
Southern Dieselcloctor C Yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 386) 801 - 1588 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Filing Fee Solution Status Solution Filing Fee Filing Fe

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

W. H. Truck and (Name of the Limited Liability	Company as it now appears of imited Liability Company)	air
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears of Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on <u>63</u> /	/24/2669 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the liming the liming of the liming the liming of the liming the liming of the liming		of Repair LLC" or the abbreviation
Enter new principal offices address, if applicable:	3	TALL
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		RY OF STATE AND A
B. If amending the registered agent and/or registered agent and/or the new registered office addr		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
	C'.	, 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 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>nbRM</u>	Michael Golius	3037 Vernesch St Deltona FL 32738	Add Remove
New York Commission of the State Commission of the Sta	344-034-4-4-4-4-4-30		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar)	Add Remove
		ge(s) here: (Attach additional sheets, if necessar)	IS RED
		A .	
Dated		·	
-	Mulain Kluling Signature of a member Milliam HALL	er or authorized representative of a member O 11 d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00