L09000052155

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B. BOSTICK AUG - 9 2012

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp	tion orations
subject: <u>00</u>	O TRUCKING LLC Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	 ndence concerning this matter to the following:
	Bosano Avilar
	COD TRUCKING CCC
	10305 SW 90 Femeral Address
	Miami F/33165
	City/State and Zip Code Cod truc Crearing (2) hotmat (2) E-mail address: (to be used for future annual report notification)
For further information co	pncerning this matter, please call:
BUSALES Name of	Arca Code & Daytime Telephone Number
Enclosed is a check for th	e following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

COD TRUCKING L	'2C
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 090005215</u> 5	any were filed on September, 25, 209 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	120
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	SET
(Mailing address MAY BE A POST OFFICE BOX)	DA F
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by	office address on our records, enter the name of the new nere;
Name of New Registered Agent:	same Avila
New Registered Office Address:	305 30 40 HOLOLO
	Enter Florida street address
	110m1 , Florida 33/65
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>
the provisions of all statutes relative to the proper and con	agree to act in this capacity. I further agree to comply with implete performance of my duties, and I am familiar with and as provided for in Chapter 608, F.S. Or, if this document is fice address, I hereby confirm that the limited liability

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 Title Name <u>Address</u> Type of Action MGRM ROSARIO DURAN ☐ Add Remove ⊠(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.) Kosario Duran Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00