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COVER LETTER

| Divis | sion of Corp | oorations | | | | |
|----------------|---------------|--|---|---|--------------------|-------|
| SUBJECT: | YENI TRUC | CKING LLC | | | | |
| SOBSECT. | | Name of Limi | ited Liability Company | | | |
| The enclosed | Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please return | all correspor | idence concerning this matter | to the following: | | | |
| | | MARIA BARRERAS | | | | |
| | | | Name of Person | | | |
| | | YENI TRUCKING LLC | | | | |
| | | | Firm/Company | | | |
| | | 3360 STILLMAN ST | | | | |
| | | | Address | | | |
| | | JACKSONVILLE FL 3220 | 07 | 三 章 | 201 | |
| | | vnrf@aol.com | City/State and Zip Code | LAHAS | 2015 AUG 13 | = |
| For further in | formation co | E-mail address: (i | to be used for future annual report notification) | RY OF S SEE, FL | T | TED |
| MARIA BAR | RRERAS | | 904 444 3849 at () | | 1: 02 | |
| | Name of | Person | Area Code Daytime Teleph | | | |
| Enclosed is a | check for th | e following amount: | | | | |
| □ \$25.00 Fi | iling Fee | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed) | Sectificate Certificate Certified (additional | te of Star Copy | tus & |

MAILING ADDRESS:

TO:

Registration Section

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

| YENI TRUCKING LLC | | |
|---|---|---|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our records.) ited Liability Company) | |
| The Articles of Organization for this Limited Liability Comp. | pany were filed on 06/24/2009 | and assigned |
| 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 contain the words "Limited I | Liability Company," the designation "LLC" or the | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address | AHASSEE. | AUS TO TO TO TO THE THE Name of the new 2 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | 1 |
| | 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

| AMBR = | Authorized | Member |
|--------|------------|--------|

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------|----------------------------------|----------------------|
| MGR | WERNER GONZALEZ | 4308 Argentine Dr N Jax Fl 32217 | |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | Change |
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| fective date, if other than the date of filing: | (optional) |
| te: If the date inserted in this block does not meet the applicable statuto | |
| cument's effective date on the Department of State's records. | |
| record specifies a delayed effective date, but not an effective | ctive time, at 12:01 a.m. on the earli |
| The 90th day after the record is filed. | , |
| 2/11/2016 | |
| ated 7/10/08/3 | |
| 1 MANDETO | |
| Signification of a member or authorized repres | sentative of a member |
| Ψ 1 | |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee