## L10000 12/14/4

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Document Number)		
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SECRETARY OF STATE
ALLAHASSEE, FIORIO

D. BRUCE FEB 14 2011 EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: LORENTZ TI	EUCKING CCC
	ed Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
AL LORI	Name of Person
LONENTZ	TRUCKING LLC Firm/Company
426 SW	45 ST Address
CAPE CO	RHC F/ 33914
ALLORE, E-mail address: (to	City/State and Sip Code  NTZ & COMCAST, NET AllONENTZ 62  Do be used for future annual report notification)
For further information concerning this matter, please ca	all:
AL CORENTZ	at 239, 910-3028 Egg =
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section Division of Corporations

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

LORENTZ	Trucking	LLC
	ity Company as it now appear a Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability		//- 2 4 - 20 10 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		ACLAHA
(Mailing address MAY BE A POST OFFICE BOX)		SSE
		Ta B M
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on o ddress here:	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	En	ter Florida street address
	City	, Florida

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** Name **Address** Remove Add Remove ∏ Add Remove Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) . 2011 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00