## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RED TRUCK AGENCY, LLC

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Jul "8 "11

## COVER LETTER

| TO:   |                           | istration 8<br>sion of Co | ection<br>rporations                           |  |   |  |  |
|---|---------------------------|---------------------------|--|--|---|--|--|
| SUBJE   | CT: RED TRUCK AGENCY, LLC |                           |  |  |   |  |  |
| (Name of Limited Liability Company)   |                           |                           |  |  |   |  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following: |                           |                           |  |  |   |  |  |
|   |                           |                           | Barbara Dang                                   | (Name of Person)   |   |  |  |
|   |                           |                           | Legalzoom.com, Inc                             |  |   |  |  |
| (Pirm/Compuny)  |                           |                           |  |  |   |  |  |
|   |                           |                           | 100 W. Broadway Si                             | uite 100<br>(Address)  |   |  |  |
|   | Glendale, CA 91210        |                           |  |  |   |  |  |
| (City/State and Zip Code)  For further information concerning this matter, please call:   |                           |                           |  |  |   |  |  |
| Barbara Dang<br>(Name of Person)  |                           |                           | et (323 ) 962-8600                             |  |   |  |  |
|   |                           | of Person)                | (Area Code & Daytime                           | l'elephone Number)   |   |  |  |
| Enclose   | d is a                    | check for t               | he following amount:                           |  |   |  |  |
| <b>\$25</b> .0  | 00 Pi                     | ing Fee                   | \$30.00 Filing Pee & Certificate of Status     | S55.00 Filing Fee & Cartified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
|   |                           | Rogist                    | ING ADDRESS: ration Section on of Corporations | STREET/COURIER Registration Section Division of Corporation      |   |  |  |

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallaharsee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wising of the State of the Stat

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/03/2011 \_\_\_\_\_ and assigned Florida document number <u>L11000026479</u> 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." B. If amending the registered agent and/or registered office address on our records, enter the name of the naw registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) . Florida (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

RED TRUCK AGENCY, LLC

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 affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Ragistered Agent)

Page 1 of 2

MGR - Manager

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:

| MGRM         | MGRM = Managing Member  |  |   |  |  |  |  |
|--------------|---|--|---|--|--|--|--|
| <u>Title</u> | Name  | Address  | Type of Action                          |  |  |  |  |
| <b>_</b>     |   |  | Add<br>Remove                           |  |  |  |  |
|              |   |  | Add<br>Remove                           |  |  |  |  |
| <del></del>  |   |  | Add<br>Remove                           |  |  |  |  |
|              |   |  | Add<br>Remove                           |  |  |  |  |
|              |   |  | Add<br>Remove                           |  |  |  |  |
|              |   |  | Add<br>Remove                           |  |  |  |  |
| D. Har       | nending any other information, enter change(s   | i) here: (Attach additional sheets, if necessary.) |   |  |  |  |  |
|              | Article II. The street address and maili  | ng address were erroneously stated as:             | _                                       |  |  |  |  |
|              | 854 GARRISONDR. ST. AUGUSTINE   | FL 32092. The was no space between                 | _                                       |  |  |  |  |
|              | "GARRISON" and "DR."  |  | - <u>-</u> ×                            |  |  |  |  |
|              | The street address and mailing address  | s are corrected to read as followings:             |   |  |  |  |  |
|              | 854 GARRISON DR. ST. AUGUSTINE  |  | הובוסה פאמי<br>הובוסה פאמי<br>11 שער -7 |  |  |  |  |
| Dated        | Signature Country of the Country of | aurhorized representative of a member              | <b>1</b> 394                            |  |  |  |  |
|              | William Smith, managing member  |  | STATE ORS 8: 08                         |  |  |  |  |
|              | Typed or  | printed name of algnes                             | <del></del> 5                           |  |  |  |  |
|              |   | Page 2 of 2  |   |  |  |  |  |

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