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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

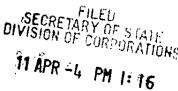
TO: Registration Section Division of Corporations			
SUBJECT: Pinneapple Express LLC Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Warren Hauser Name of Person			
Firm/Company			
24290 Kaufman Rd.			
Brooksville FL 34601 City/State and Zip Code Dinnezione express trucking a gmail. com E-thail addless: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Joseph Homann at (404) 808-1982 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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



		. 10	
Pinneapole Expres	e LLC		
Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our I	ecords.)	
	I = I		
The Articles of Organization for this Limited Liability Company	were filed on $3/3/1$	and assigned	
Florida document number <u>L 110000 38967</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:	•	
Pineanole France Truck	ing LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the de	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	24790 Kai	fman Rel	
(Principal office address MUST BE A STREET ADDRESS)	Brookeville	EL 34601	
	- 10000		
Enter new mailing address, if applicable:	-Same-		
(Mailing address MAY BE A POST OFFICE BOX)			
,			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ds, enter the name of the new	
registered agent and/or the new registered office address ner	~ ·		
Name of New Registered Agent:			
New Registered Office Address:	Fnter Florid	a street address	
	Linei I toi au sii cei aun ess		
	,	Florida Zip Code	
	+···y	r	

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

MGRM = Managing Member **Type of Action** <u>Address</u> **Title** Name 1 ☐ 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.) New email pineappleexpresstrucking (a Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00