11000063308

(Re	questor's Name)				
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·(Cit	y/State/Zip/Phone #	¥)			
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(Business Entity Name)					
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SECRETARY OF STATE
FALLAHASSEF FINE

COVER LETTER ,

TO:	Registration S Division of Co			inger i sak gar	
SUBJECT: Advantage Ti			ailer Company, LLC	•	
	•		ted Liability Company		
	•				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
Steve Franks					
Advan			Name of Person	•	
			age Trailer Company,	LC	
			Firm/Company		
			5787 54th Ave N	· · · · · · · · · · · · · · · · · · ·	
			Address		
		St.	Petersburg, Fl. 33709		
		etovofranks/	City/State and Zip Code Dadvantagetrailercomp	any com	
		E-mail address: (1	to be used for future annual report	notification)	
For fu	rther information	concerning this matter, please c	all:		
		teve Franks	at (727)	776-1366 aytime Telephone Number	
	Name	of Person	Area Code & D	aytime Telephone Number	
Enclos	sed is a check for	the following amount:		•	
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is en	
	Regis	LING ADDRESS: tration Section ion of Corporations	STREET/CO Registration of O Division of O		
P.O. Box 6327		Clifton Build			

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advantage Trailer C	ompany, LL	C		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears of lity Company)	n our records.)		
The Articles of Organization for this Limited Liability Company wer Florida document numberL11000063308	re filed on	5/27/2011	_ and assigne	d
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 I"L.L.C."		" the designation "LLC	O" or the abbre	viation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
_				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our	records, enter the	name of th	e new
Name of New Registered Agent:			12 TAE	
New Registered Office Address:		• '.	ARE OF	71
New Registered Office Address.	Enter	Florida street addres	ASS ASS	-
		, Florida	Za Code	m
New Registered Agent's Signature, if changing Registered Agent:	ity		TAILE ORIDA	0
I hereby accept the appointment as registered agent and agree to the provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as prov being filed to merely reflect a change in the registered office add company has been notified in writing of this change.	performance of vided for in Chap	my duties, and I am oter 608, F.S. Or, if	familiar with this documen	h and

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** <u>Name</u> <u>Address</u> Type of Action Susan Franks mgr 7096 60th St N Pinellas Park, Fl. 33784 [7] Add Remove Timothy Dodgens 4394 79th Terr. Pinellas Park. Fl. 33784 7 Add mgr ☐ Remove ☐ Add Remove Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **Timothy Dodgens** 50% ownership Susan Franks 25% ownership Steven Franks 25% ownership June 1st Dated Signature of a member or authorized representative of a member Steven Franks

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00