L11000064719

Florida Department of State
Division of Corporations
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L. SELLERS
OCT -7 2011
EXAMINER

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : KV CARRIER SERVICES, INC.
Account Number : 120000000029
Phone : (305)883-6262
Fax Number : (305)883-6625

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRUCK CARRIER LLC

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Estimated Charge	$25.00

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TRUCK CARRIER 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:

KVC SERVICES LLC
Name of Person

KVC SERVICES LLC
Firm/Company

11790 NW S RIVER DR
Address

MEDLEY, FL 33178
City/State and Zip Code

KVCARRIERSERVICES@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZOELYN IGLESIAS at (305) 883-6262
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☑ $25.00 Filing Fee
- ☐ $30.00 Filing Fee & Certificate of Status
- ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 Filing Fee, Certificate of Status & 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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TRUCK CARRIER LLC

(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 06/02/2011 and assigned Florida document number L11000064719.

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."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

961 W 53 ST
HIALEAH, FL 33012

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 22203
HIALEAH, FL 33002

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: OSMANY RODRIGUEZ

New Registered Office Address: 961 W 53 ST
Enter Florida street address

HIALEAH, Florida 33012
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 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

Title	Name	Address	Type of Action
MGR	ARIEL RODRIGUEZ	1450 SW 131 AVE MIAMI, FL 33184	☐ Add ☑ Remove
MGR	OSMANY RODRIGUEZ	961 W 53 ST HIALEAH, FL 33012	☑ 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.)*

Dated OCTOBER 05 2011

Signature of a member or authorized representative of a member

ARIEL RODRIGUEZ

Typed or printed name of signee

Filing Fee: $25.00