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J. LEGGETT MAR 2 8 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TMA TRUCKING L.L.C. 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:
FREDERICK L. ANDERSON Name of Person
Firm/Company
Firm/Company
10362 NW 5 CWRT
CORAL SPREAGS FT. 33071 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FREDERICK L. ANCERSON at (954) 445-6987 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.
Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	CKING LLC.	
(A Florida Limited Lie The Articles of Organization for this Limited Liability Company v Florida document number 1100084946.		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
The New name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10362 NW 5th CW CORAL SPREAGS FT 33071	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS AG	3815
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		the name of the ne
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street address	<u> </u>
	<u> Fl</u> orida	5
	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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
NA	A/A	A/N	
			☐ Remove
			□ Change
			Remove
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	date, if other than the date of filing: D4 01 18 (optional)
m effecti ote: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cument	t's effective date on the Department of State's records.
recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The 90	Oth day after the record is filed.
	a la la Taranta
ited	04/01/18 12:01Am
	Signature of a member or authorized representative of a member
	FREDERICK L. ANDERSON

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Filing Fee: \$25.00