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SECRETARY OF STATE
TALLARIASSEEL FLORID

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· COVER LETTER

		•	•
TO: Registration S Division of Co		4 -	
SUBJECT: 4	16 TRUCK LE	ASING, LC	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	+ -
Please return all correspo	ondence concerning this matte	r to the following:	
·	Pamo		
	\circ	Name of Person	
	Lamor	r /Leyes /. A.	
	ena.c	O_{I}	•
		Halm Avenue	<u> </u>
	Liale	ah, FL 33012	
	Ramail address: (i	City/State and Zip Code Som & bollsouth. No be used for finure annual report notificat	0-1
For further information co	oncerning this matter, please c	·	1011)
	ρ.,		
Name of	Person Person	at (<u>305) 421. Olo</u> Area Code & Daytime Te	
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

4 Cla TRUC	OK LEASIN	16,UC			
(Name of the Limited) (A	Liability Company as Florida Limited Liabil	it now appears ity Company)	on our records.)		
The Articles of Organization for this Limited Lie Florida document number <u>L 130000030</u>	ability Company were	e filed on	1/06/201	and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability	company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited L	iability Company	," the designation	"LLC" or the abbreviati	on
Enter new principal offices address, if applica	ble:				-
(Principal office address MUST BE A STREET	(ADDRESS)				-
				三: 3	
Enter new mailing address, if applicable:				NOV .	T
Mailing address MAY BE A POST OFFICE B	<u></u>			SST 20	П
				်ာ္က <u>အ</u> ်င္သား ယွ	U
B. If amending the registered agent and/or registered agent and/or the new registered off		address on ou	r records, <u>enter</u>	the name of the ne	w
Name of New Registered Agent:	ROSANGE 7551 A	L BAN	EGAS		-
New Registered Office Address:	7551 N	w Ind	TEQ Florida street ac	1.luana	
	10 to ma	Enter		SZIN.	
	LIULETY	<u>~(</u> 'v	, Florida _	∑O (→ W Zip Code	
New Registered Agent's Signature if changing Re	eristored Avent.	,		4	

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 Type of Action <u>Address</u> Title Name Fernando Coloma 6326 BW 33144 Maria M Coloma 6336 SW Miami, FL Remove

Notember	15th 2013.	
00	<u> </u>	
	(an open)	
	Signature of a member or author	ized representative of a member
	ROSANGEL BA	NEGAC
	Typed or printed	name of signee
	ROSANGEL BA. Typed or printed	I name of signee

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Filing Fee: \$25.00

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