

L12000018608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

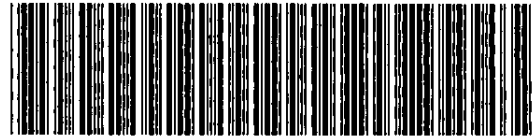
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800245248478

03/06/13--01005--009 **25.00

FILED
13 MAR - 6 PM 12:12
TALLAHASSEE, FLORIDA

B. BOSTICK
MAR - 7 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Absolute Trucking 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:

Tresca Crusaw

Name of Person

Absolute Trucking LLC

Firm/Company

12348 Soaring Flight Drive, Box 14

Address

Jacksonville, Florida 32225

City/State and Zip Code

absolutetrucking90@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tresca Crusaw

Name of Person

at **904 524-6036**

Area Code & Daytime Telephone Number

FILED
13 MAR -6 PM 12:12
TALLAHASSEE, FLORIDA

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

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

Absolute Trucking 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 February 8, 2012 and assigned Florida document number L12000018608.

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)

FILED
13 MAR -6 PM 12:12
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tresca Crusaw	12348 Soaring Flight Dr., Box 14	<input type="checkbox"/> Add
		Jacksonville, Florida 32225	<input checked="" type="checkbox"/> Remove
MGR	A'niaus Ray	12348 Soaring Flight Dr., Box 14	<input type="checkbox"/> Add
		Jacksonville, Florida 32225	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FALL WASSER, FLORIDA

FILED
 12 MAR -6 PM 12:12
 Add
 Remove
 Add
 Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please update my EIN to 45-4477986.

Dated January 13th, 2013



Signature of a member or authorized representative of a member

Tresca Crusaw

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 JAN -6 PM 12:13
TALLAHASSEE, FLORIDA