

L12000088144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

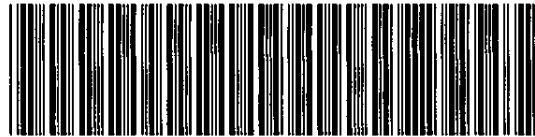
Special Instructions to Filing Officer:

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G. MCLEOD

NOV 13 2012

EXAMINER



400240661654

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV - 9 PM 12:04

FILED

RECEIVED
DEPARTMENT OF STATE
12 NOV - 9 PM 4:23



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 417296 7892449

[B[B[B

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 25.00

ORDER DATE : November 9, 2012

ORDER TIME : 2:34 PM

ORDER NO. : 417296-005

CUSTOMER NO: 7892449

DOMESTIC AMENDMENT FILING

NAME: BAKERZS TRUCKING COMPANY LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

XX PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
12 NOV -9 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BAKERZS TRUCKING COMPANY 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 07-06-2012 and assigned
Florida document number L12000088144

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BAKERZ TRUCKING COMPANY LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

BAKERZ TRUCKING COMPANY LLC
14050 N.W. 72nd Terrace
Trenton FL 32693

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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)

(City)

Florida

(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:

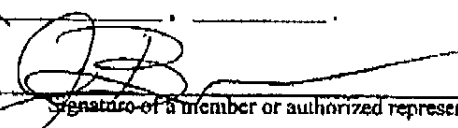
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
President	James Baker	14050 NW 72nd terrace Trenton FL 32693	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Vice President	Sandra Baker	14050 NW 72nd terrace Trenton FL 32693	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 11-8-2012



Signature of a member or authorized representative of a member

James Baker, Member

Typed or printed name of signee