



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: USA TRUCKING SERVICES 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:

ALBA E VIVAR

Name of Person

MIAMI DISPATCH & CARRIER SERVICES

Firm/Company

8040 NW 95TH ST STE 106

Address

HIALEAH GARDENS, FL 33016

City/State and Zip Code

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

For further information concerning this matter, please call:

ALBA E VIVAR

305 822-0255

at ( )

Name of Person

Area Code

Daytime Telephone Number

FILED  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
17 MAR -6 PM 4: 14

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**

USA TRUCKING SERVICES 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 11/13/2014 and assigned Florida document number L12000137728.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2339 SUNRISE DR APT 1

WEST PALM BEACH, FL 33415

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2339 SUNRISE DR APT 1

WEST PALM BEACH, FL 33415

**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:

PEDRO LUIS GARCIA REYES

New Registered Office Address:

2339 SUNRISE DR APT 1

*Enter Florida street address*

WEST PALM BEACH

*City*

Florida 33415

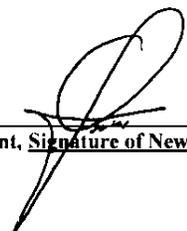
*Zip Code*

**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, 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**

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	PEDRO LUIS GARCIA REYES	2339 SUNRISE DR APT 1	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33415	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBERTO LEMUS	6321 SW 149TH CT	<input type="checkbox"/> Add
		MIAMI, FL 33193	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** 02/27/2017 **(optional)**

(If an effective 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 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated FEBRUARY 27 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ROBERTO LEMUS  
\_\_\_\_\_  
Typed or printed name of signee