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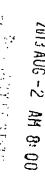
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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J. SAULSBERRY EXAMINER AUG 0 6 2013

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	MR G TR	UCKING,LLC.	
SUBJECT:		ed Liability Company	<u> </u>
	Amendment and fee(s) are sub-	•	
	-	SARRY BINNS	
		Name of Person	
		Firm/Company	
	P	O BOX 771642	
•	OCAL	Address A, FLORIDA 344	177 203 AUG 11
		City/State and Zip Code	106-2
For Contracting		o be used for future annual report notificati	on)
GRANVILL	concerning this matter, please concerning this matter than the please concerning this matter than the please concerning this matter than the please concerning the please co	ali: 352 \ 804-658 !	9 8. 00
	of Person	at (at Code & Daytime Te	
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR G TRUCKI				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 02/22/2013	and	assigne	ed
Florida document number L13000028192				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation "l	LLC" or t	he abbro	eviation
Enter new principal offices address, if applicable:		مم	20	
(Principal office address MUST BE A STREET ADDRESS)	··· · · · · · · · · · · · · · · · · ·		ىن <u>ڪ</u>	
,			<u>~~</u>	
Enter new mailing address, if applicable:	P O BOX 771642	****	2 AM	, , ,
(Mailing address MAY BE A POST OFFICE BOX)	OCALA,FLORIDA 34477	25	<u>დ</u>	
			<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the nam	ie of tl	<u>he new</u>
registered agent and/or the new registered office address ner	<u>c.</u>			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street add	dress		
	, Florida	Zip C	ode	_
	Cuy	Lip C	,046	

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>	Name	Address	Type of Action
MGRM	GARRY BINNS	P O BOX 771642	Add
		OCALA,FL 34477	Remove
MGRM	GRANVILLE BINNS	3927 SW 102 LANE ROAL	O Add
		OCALA, FL 34476	Remove
			Remove
			2013 AUS Add
			Remove
		\	Add
			Remove
			Add
			Remove

2013		
d Quin	10	
member or authorize	d representative of	a member
	=	
Typed or printed na	ime of signee	
- 1	GARRY BIN Typed or printed na	a member or authorized representative of GARRY BINNS Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00

2013 AUG -2 AM 8: 00