L13000042081

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EGRETARY OF STATE

ATTACKSEE ELOSINA

C. LEWIS

APR 2.3 2013

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SURJECT

Maudlin Trucks, 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:

William A. Miller

Name of Person

William A. Miller & Associates

Firm/Company

500 North Michigan Ave., Suite 1050

Address

Chicago, IL 60611

City/State and Zip Code

wamlaw@msn.com

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

For further information concerning this matter, please call:

William Miller

312 467-1967

Name of Person

Area Code & Daytime Telephone Number

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

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Maudlin Trucks, LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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 March 20, 2013 and assigned Florida document number L13000042081 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) 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 City

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 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:

FILED

MGR = Mar MGRM = M	nager anaging Member	13 APR 22 PM 1: 43					
<u>Title</u>	<u>Name</u>		Address	SEC	RETARY (OF STATE E, FLORIDA	Type of Action
Mgr/Sec/Tr	Darren Cunningham		2300 South Divisi	on Ave	nue, Orlan	do, Florida 328	05 Add
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D. If amending any other informat	and the second s	FILED
		13 APR 22 PM 1: 43
		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated April 17	2013	
(su	hi M	
	r (u/p/a John A. Maudlin) Typed or printed name of si	

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Filing Fee: \$25.00