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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DEPARTMENT OF STATE
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NIGHT STALKER, LLC

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Estimated Charge	\$25.00

J. HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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NIGHT ST	ALKER LLC			•	
(Name of the Limited Liability Comp (A Florida Limited	any as it egy appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company	y were filed on _	APRIL 01, 2013	<u>.</u>	_ and as	ssigned
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company h	<u>iere</u> :			
ROADMAX TRUCKING, TRANSPORTATION AND LOGIST	TICS LLC				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" or	the Bpto.	viati on "	.L.C."
Enter new principal offices address, if applicable:					• • • • • • • • • • • • • • • • • • •
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Enter new mailing address, if applicable:			ြင	8	D'Rise,
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B. It amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address or re:	n our records, <u>e</u>	nter the	e name	of the ne
Name of New Registered Agent:					
New Registered Office Address:	Enter Flo	prida street address			
	City	, Florid	a	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>				
I hereby accept the appointment as registered agent and ag	ree to act in this	capacity, I furthe	r agree	to con	iply with th

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

Page I of 3

If amending Authorized Person(s) authorized to manage,	enter the title, name, and address of each person being added
or removed from our records:	
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