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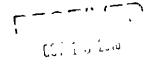
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
<u></u>		

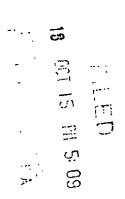
Office Use Only



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COYER LETTER'

TO:	Registration Sec Division of Cor			
	ODM TRU			
SUBJE.	CT:	Name of Limi	ned Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		CARIDAD PEREZ		
			Name of Person	
		4-22 W CV IPTON CT	Firm/Company	
		4523 W CLIFTON ST		
		TAMPA FL 33614	Address	
		YCNALO85@GMAIL.CO	City/State and Zip Code M	
		E-mail address: (to be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please co	all:	
OLAN	SY DAYN MARI	RERO	813 9171703	
	Name o	l'Person	at ()	Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5,00 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)
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	ı

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ODM TRUCK,LLC		
(<u>Name of the Limited Lia</u> (A Fle	bility Company as it now appears on our record orida Limited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liabilit		and assigned
lorida document number 1.13000083303	·	
his amendment is submitted to amend the following	<u>;</u>	.
a. If amending name, enter the new name of the	limited liability company here:	0:1
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC	" or the abbreviation L.L.G."
Inter new principal offices address, if applicable:		<u> </u>
<u> Principal office address MUST BE A STREET AL</u>	ODRESS)	
		000
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	2	
 If amending the registered agent and/or registered agent and/or the new registered office: 		is, enter the name of the
N. CN. B. C. LA.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	XX
	, P.	lorida 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OLANSY DAYN MARRERO	4523 W CLIFTON ST TAMPA FL 33614	B Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
		Remove	
			☐ Change
			Remove
			Change
			Add
			☐ Change
			☐ Remove
			☐ Change

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10/09/2018	,
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or mor tee: If the date inserted in this block does not meet the applicable statutory filing tument's effective date on the Department of State's records.	e than 90 days after filing.) Pursuant to 605.020 requirements, this date will not be listed a.
record specifies a delayed effective date, but not an effective tir he 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier o
ed	
Signature of a member or authorized representative o	it'a member

Page 3 of 3

Filing Fee: \$25.00