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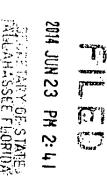
(Re	questor's Name)	
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JUN 2.5 2018 D. BRUCE

COVER-LETTER

TO:

Registration Section Division of Corporations

MARIA CAROLINA TRUCKING, 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:

JUAN APARICIO

Name of Person

APARICIO ASSOCIATES, LLC.

Firm/Company

8900 SW 107 AVE, SUITE 303

Address

MIAMI, FLORIDA 33176

City/State and Zip Code

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

For further information concerning this matter, please call:

JUAN APARICIO

_{.,,}305、271-0727

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) Certificate of Status
Certified Copyle
(additional copy is enclose

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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

The Articles of Organization for this Limited Liability Company were filed on 8/27/13 and assigned Florida document number 1 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: SAME Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida 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

Page 1 of 3

If a mending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> **Address Type of Action** Name **LUCRECIA KIM** 7501 SW 117 AVE MGR ☐ Add #831570 Remove MIAMI, FL 33283 7501 SW 117 AVE **JULIO RODRIGUEZ** MGR ■ Add #831570 □ Remove MIAMI, FL 33283 □ Add □ Remove □ Add ☐ Remove □ Add Remove

). II am	ending any other information, enter change(s) here: (Allach adamonal sheets, if necessary.)
,	
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•	
(The eff	tive date, if other than the date of filing: (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after te this document is filed by the Florida Department of State)
Dated	JUNE 18, 2014
	· · · · · · · · · · · · · · · · · · ·
	Louise Lei
	Signature of a member or authorized representative of a member
	LUCRECIA KIM Typed or printed name of signee
	r yped or printed name or signee

Page 3 of 3

Filing Fee: \$25.00