L13000156694

(R	equestor's Name)	
(A)	ddress)	
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(C	ity/State/Zip/Phone #)	
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N. Guilligen JUN. 2 0 2014

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:

ADK 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:

SAUL VELEZ

Name of Person

B AND P CONSULTANTS SERVICES INC

Firm/Company

3501 W VINE ST STE 294

Address

KISSIMMEE FL 34741

Cny/State and Zip Code

BANDPCONSULTANTS@YAHOO.COM

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

For further information concerning this matter, please call:

SAUL VELEZ

407_{,846-1040}

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

ADK TRUCKING LLC

FILED 2014 JUN 18 AM II: 22

SECRETARY OF STATE TALLAHASSEE, FLOR**IDA**

(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 and assigned Florida document number L13000156694
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:
New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

*If amending 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 **Address Type of Action** <u>Fitle</u> <u>Name</u> 584 EAGLE CT PETRA RODRIGUEZ MGR ■ Add KISSIMMEE FL 34759 ☐ Remove ___ _ _ _ _ Add ☐ Remove _____ Add ☐ Remove □ Add _____ □ Remove □ Add _□ Remove ☐ Add ☐ Remove

Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed dat the date this document is filed by the Florida Department of State)	(optional) e and cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State) UNF 09 2014	(optional) e and cannot be more than 90 days after
·	e and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

