

Oct 05 2015 4:03PM

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10/5/2015

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : I20060000145
Phone : (305)769-4936
Fax Number : (305)769-1844

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PELAEZ TRUCKING, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 06 2015

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Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PELAEZ TRUCKING, LLC.

(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 NOV 13, 2013 and assigned Florida document number L13 000159581.

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)

1400 NW 54 ST APT 813
MIAMI, FL 33142

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1400 NW 54 ST APT 813
MIAMI, FL 33142

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:

MARIA NAVARRO

New Registered Office Address:

1400 NW 54 ST APT 813

Enter Florida street address

Miami

City

Florida

33142

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. 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

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NOV 13 2013
5 48:45
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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

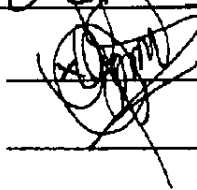
Title	Name	Address	Type of Action
MGR	MARIO PELAEZ	6345 COLLINS AVE APT 414	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
AMBR	MARIA NAVARRO	1400 NW 54 ST APT 813	<input checked="" type="checkbox"/> Add
		MIAMI FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

Dated 085 5, 2015.



Signature of a member or authorized representative of a member

MARIA NAVARRO
Typed or printed name of signee

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TALLAHASSEE, FLORIDA