L13 000 168232

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COVER LETTER ,

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TO: Registration Section Division of Corpora			٧	
SUBJECT:	DGO Truck Name of Limi	ted Liability Company		
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
-	Jose F	R. Gonzale Name of Person	<u> </u>	
-	J00	SO TWCK L	LC	
	1250	SW 129 A	Je.	
-	<u>Hiar</u>	ni 7C 3318C	4	2014 607
_	E-mail address: (1	2010 Z 27 @		SSYNSSY SHASSY
For further information conce	erning this matter, please ca	all:		A Distriction
Jose R. Gonz Name of Per	zalez	at (<u>786</u>) <u>334-6</u> Area Code Daytime	7369 Telephone Number	- SARE
Enclosed is a check for the fo	ollowing 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 F Certificate of Certified Copy (additional copy i	Status & y

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

JOGO TRUCK	LLC
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Companies L13 000 168232	y were filed on $12/04/2013$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia JOGO Bronzes+ H	
The new name must be distinguishable and end with the words "Limited Li	ability 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)	5 8 5 9
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 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

AMBK = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Remove
			ZOLL ORDING
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			Add
			☐ Remove

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		<u> </u>
		
(The effective date r	if other than the date of filing: must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)	
/ m		
Dated 10	2014	
	3. 2014 Signature of a member or authorized representative of a member OSE R. GONZALEZ Typed or printed name of signee	

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Filing Fee: \$25.00