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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 100d & King trucking LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fce(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ruben Spitaleri Name of Person
Lond & King trucking Firm/Company
14421 S. magnolia aul
City/State and Zip Code  Lord King Truc (King @ gmail com  E-mail address: (to be used for future annual report noticication)
E-mail address: (to be used for future annual report not lication)
For further information concerning this matter, please call:
Ruben Spitaleri at (352) 433 - 4484  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Dayanie Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroz Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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Load & King	trucking Iles	
(Name of the Lamite-YL	iability Company at it now appears on or lorida Limited Liability Company)	ır records.)
(A.F	forida Emitted Clabinity Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	13/14 and assigned
Florida document number <u>L140000072</u>	<u>06</u> .	,
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STRUET A	DDRESS)	
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	<del></del>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records re:	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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