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(Re	equestor's Name)	
(Ad	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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ANO 1 6 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LCH Trucking LC Name of Limited Liability Company	
Ivalie of Entitled Elability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
ruchers Services no	2
PO BOX 262135	2016 AUS PALLAHA
Address	
Tampa H 33615	SSECTION IN
tsi@truchersservices/inc.co	
E-mail address: (to be used for future annual report notification)	09 10A
For further information concerning this matter, please call:	
Name of Person at BB Hul 5 Name of Person at BB Area Code Daytime Telephone No	<u>99</u>
The code Sayano receptance in	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, rtificate of Status & rtified Copy litional 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

it now appears on our records.) Florida document number 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 contain 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: EII6 Name of New Registered Agent: U 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Au	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MBA	Layner hodriquez	2019 Hovington are	Add Remove
		Siciliary 110 PT 300	. 4
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E.C.	
(If an el	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
accui	total beneather that on the Bophismont of Brane Brocords.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
	e 90th day after the record is filed.
Dated	Muchot 19, 2010.
Duite	
Buice	
Build	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00