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D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Edge Trucking Enter	prises, LLC
SUBJECT:	d Liability Company
The enclosed Articles of Amendment and fee(s) are submit Please return all correspondence concerning this matter to	·
Edwin D. Gor	nzalez
	Name of Person
Edge Truckin	g Enterprises, LLC
	Firm/Company
7508 Hidden	Hollow Dr
	Address 2
Orlando, FL 3	Address 32822 City/State and Zip Code
	City/State and Zip Code
debiebanshee@hot	mail com 型形 🚙
E-mail address: (to b	be used for future annual report notification)
For further information concerning this matter, please call:	
Edwin D. Gonzalez	, 787 630-3399
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status &

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Edge Trucking Enterprises, I		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records la Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number L14000022216	Company were filed on 02/10/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Edge Transport Enterprises, LLC		
The new name must be distinguishable and end with the words "L	imited 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 ADD	RESS)	2014 FEB 2
Enter new mailing address, if applicable:		SS O
(Mailing address MAY BE A POST OFFICE BOX)		
	- · · · · · · · · · · · · · · · · · · ·	5年 5
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Ziner i toriuu sireer uuuress	
	, Flo	rida Zip Code
	Qy	

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
		• 100 101 · · · · · · · · · · · · · · · ·	
			5 5
		 	Add
			Remove
		Add	
			20 Pr
			SI Add
			☐ Remove
		Add	
			Remove

If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
,	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date	02/17/2014 (optional) of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department	
Dated February 17	2014
E. 4	·
_	ember or authorized representative of a member
Edwin D. Gonzalez	
	Typed or printed name of signee

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Filing Fee: \$25.00

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