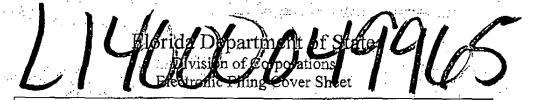
Division of Corporations

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Division of Corporations

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## COVER LETTER

| TO: Registration Second Division of Corp | tion  | 4 7                                       |  | ,  |
|--|---|---|--|----|
| presion of Corp                          | Ot Brioff2                                      |   |  |    |
| J N D TRUC<br>SUBJECT:                   | KING LLC  |   |  |    |
|  | Name of Lim                                     | ited Liability Company                    |  |    |
|  |   | 1 m                                       |  |    |
| The enclosed Articles of A               | mendment and fee(s) are sub-                    | mitted for filing.                        | trans control specific                           |    |
| Please return all correspon              | dence concerning this matter                    | to the following:                         |  | •  |
| •  |   |   |  | ,  |
|  | JENNY MEDINA                                    |   |  |    |
| enver<br>Na val                          |   | Name of Person                            | <del></del>                                      |    |
| 1 194                                    | THE BLITE CARRIER SE                            | ervices of miami LLC                      |  |    |
|  |   | Firm/Company                              |  |    |
|  | 12060 NW SOUTH RIVE                             | R DR                                      |  |    |
|  | ± . € .   | Address                                   |  |    |
| Target Company                           | MEDLEY, FLORIDA, 331                            | 178                                       | 70 8   |    |
|  | YMEDINA@BLITECSOM                               | City/State and Zip Code                   | TO ME  | 7  |
|  | -   | to be used for future annual report notif | ication)   | Ĭ. |
| For further information con              | nceruing this matter, please or                 | all:                                      | Me -   |    |
| JENNY MEDINA                             |   | 305 405-2600                              |  | •  |
| Name of )                                | Person  |   | Telephone Number                                 | 2  |
|  | ••*   |   | AT.  |    |
| Enclosed is a check for the              | following amount:                               |   |  |    |
| ■ \$25.00 Filing Fee                     | ☐ \$30.00 Filing Pee &<br>Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy  | □ \$60.00 Filing Fee,<br>Certificate of Status & |    |
|  | : Certificate of Bands                          | (additional copy is enclosed)             | Certified Copy (additional copy is enclosed)     |    |
|  | :   |   | , ,  |    |
| B.C.A. IY YR                             | NG ADDRESS:                                     | STREET/COURL                              | ED INNDESS.                                      |    |
| WAILU                                    | A WINKERS:                                      | . SIKEEI/COURT                            | er univess:                                      |    |

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IN D TRUCKING LLC  | and the second of the second o |
|--|--|
|  | any as it now appears on our records.) Liability Company)  |
| (A Florida Limited   | Liability Company)   |
| The Articles of Organization for this Limited Liability Company  | y were filed on MAY 9TH, 2016 and assigned   |
| Florida document number L14000049965   |  |
| This amendment is submitted to amend the following:  | on appears of a morning Downey of a second   |
| A. If amending name, enter the new name of the limited lial  | bility company here:   |
| The new name must be distinguishable and contain the words "Limited Linb   | illity Company," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  | 3450 SACRAMENTO WAY  |
| (Principal office address MUST BE A STREET ADDRESS)  | NAPLES, FL 34105   |
|  |  |
| Enter new mailing address, if applicable:  | 3450 SACRAMENTO WAY  |
| (Mailing address MAY BE A POST OFFICE BOX)   | NAPLES, FL 34105   |
| March 1  |  |
|  |  |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her   |  |
| The state of the s |  |
| Name of New Registered Agent:  |  |
|  | ₹. 2   |
| New Registered Office Address:   | Enter Florida street address   |
|  | 三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二  |
| <del></del>  | City , Florida Zip Code O  |
|  |  |

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u>   | Name                                    |    | Address             | Type of Action |
|--|---|----|---------------------|----------------|
| MGR  | CARLOS H DAMAS                          | ٠. | 3450 SACRAMENTO WAY | □ Add          |
|  |   | ). | NAPLES FL 34105     | ■ Remove       |
|  |   | ٠. | , ,                 | Change         |
| SECRETARY  | CARLOS H DAMAS                          |    | 3450 SACRAMENTO WAY | ∃ Add          |
|  |   |    | NAPLES PL 34105     | □ Remove       |
| Peters.  |   |    |                     | Change         |
| MGR  | JOSE DE ABREU                           |    | 3450 SACRAMENTO WAY |                |
| •  |   |    | NAPLES FL 34105     | ☐ Remove       |
| A Same   | :                                       |    |                     | □ Change       |
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| e dinas<br>Maria<br>La dispersa de la companya di  |   |    | ·                   | Change         |
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|  | 72 Z   | . : · · · · · · · · · · · · · · · · · · |                                    | · · · · · · · · · · · · · · · · · · · | <u></u>                  | ·                                     |                                       | · · · · ·                             |                                       | 000                                   | e.     |
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| document's effective date on the Department of State's records.  | ig requirements, this date will not be listed as the   | If the recor<br>(b) The 90              | d specifies a d<br>Oth day after t | delayed effe<br>the record i          | ictive date,<br>s filed. | but not an ef                         | rective time,                         | at 12:01                              | a.m <sub>i</sub> . on u               | e earner                              | OI i   |
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