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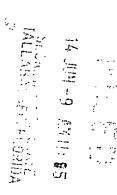
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corpo			
SUBJECT: MAR	TRUCKING LL	_C	
SUBJECT.	Name of Limite	ed Liability Company	
The enclosed Articles of Articles	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	MARCO A R	ODRIGUEZ	
		Name of Person	
	MAR TRUCK	(ING LLC	
		Firm/Company	
	6322 NW 29	AVE	
		Address	
	MIAMI, FL 33	3147	
	ILEYVA@ELITECS	City/State and Zip Code	
	_	be used for future annual report notificat	ion)
For further information con	ncerning this matter, please call	l :	
IRAKZU LE	YVA	at (305) 405-260	00
Name of F	⁹ erson	Area Code Daytime Te	elephone Number
Enclosed is a check for the	following 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 Fee, Certificate of Status & Certified Copy (additional 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

MILICERS OF AMERICANIES

TO ARTICLES OF ORGANIZATION OF

MAR TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili	ity Company were filed on 05/07/2014	and assi	gned
Florida document number L14000074521			
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company here:		
FIFA TOWING LLC			
The new name must be distinguishable and end with the words	s "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 A	DDRESS)		
			······································
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B <u>OX</u>	n		
Transing address, MITT DD 11 TOD 1 OT 1 TOD DOT	<u> </u>		
B. If amending the registered agent and/or a		r the name o	of the new
registered agent and/or the new registered office	address here:		
		N. Dec.	
Name of New Registered Agent:	•		
New Registered Office Address:			4 € Constant
	Enter Florida street address	د. ت	
	, Florida		
_	City	Zip Code	
New Registered Agent's Signature, if changing Regis	stered Agent:	Zip Code	***
I hereby accept the appointment as registered ag	gent and agree to act in this capacity. I further a	gree to comp	ly with the
provisions of all statutes relative to the proper a			
accept the obligations of my position as registere being filed to merely reflect a change in the regi			
company has been notified in writing of this char			.,

If Changing Registered Agent, Signature of New Registered Agent

	d Member being added or removed from	m our records:	
MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		· 	☐ Add
			□ Remove
			□ Remove
			Remove
			Add Remove
			□ Add
			Remove

== ······	······································
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Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cathe date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
Dated 06/06/2014	
Signature of a member or authorized represen	
· · · · · · · · · · · · · · · · · · ·	tative of a member
MARCO A RODRIGUEZ	tative of a member

Page 3 of 3

Filing Fee: \$25.00