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K. SALY EXAMINER

JUL - 9 2014

COVER LETTER

TO:

Registration Section Division of Corporations

MILLS TRUCKING SERVICES, LLC

SUBJEÇT

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GIACOMO BOSSA
Name of Person
MORIS & ASSOCIATES
Firm/Company
3650 NW 82nd AVE, SUITE 401
Address
DORAL, FL 33166
City/State and Zip Code
gbossa@anmpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIACOMO BOSSA

₄,305,559-160

Name of Person

Area Code

Daytime Telephone 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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

F	1/	ED
2014 1111		TO
2014 JUL	<i>`8</i>	AMII:

MILLS TRUCKING SERVICES, LLC AHASSEE FLO (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 5/16/2014 and assigned The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number <u>L140</u>00079813

This amendment is submitted to amend the following:

Α.	If amending	name, enter the	<u>e new name of ti</u>	<u>ne nimited nabint</u>	<u>y company nere</u> :	

The new name must be distinguishable and end with the words "Limited Liab	bility 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)	1624 N WIND PL, Apt 106
	Charlotte, North Carolina , 28210
	Charlotte, North Carolina , 28210
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	

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 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

Enter Florida street address

Florida

Zip Code

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

MGR = Manager,

	uthorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARCELO H MOLINA	9595 Fontainebleau Blvd Apt. 906 Miami, FL 33172	□ Add
			🗏 Remove
MGR	Carlos Arguello	15857 SW 65 TERR. MIAMI, FL 33193	 □ Add
			■ Remove
MGR	JUAN CARLOS VILLACIS	Gaspar de Escalona N39120 Sancho Andrade. Quito-Ecuador	□ Add
			_ ■ Remove
MGR	VIVIAN SOTOLONGO	401 SW 109 Ave. Apt 12 Miami, FL, 33174	_□ Add
			_■ Remove
MGR	VICTOR ALMEIDA	9595 Fontainebleau Blvd Apt 906 Miami , FL 33172	
			_ ■ Remove
			Add
			_□ Remove

•			
		<u></u>	
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date this	document is filed by the Florida D	epartment of State)	(optional) not be more than 90 days after
date this		epartment of State)	(optional) not be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00