## 114000085010

(Re	questor's Name)	
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## **COVER LETTER**

•	sion of Corp CONSTRU	po <b>rations</b> CTION SPECIALIST SERVIO	CES LLC			
SUBJECT:			ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		CARLOS PEREZ				
			Name of Person			
		CPEREZ PROFESSIONA	L SERVICES INC			
			Firm/Company			
		4343 W WATERS AVE			<u>^-</u> -	<u>.</u>
			Address	<u> </u>		esse ye.
		TAMPA FL 33614			PALL ARASS	,
			City/State and Zip Code			- A
		CPEREZPROSERVICESI			70 101 1353 3	2 1
		E-mail address: (	to be used for future annual report notifi	cation)		; .)
For further in	formation co	oncerning this matter, please ca	ail:		च्चित्र <b>•</b>	13
CARLOS PE	EREZ		813 249-2300 at (			
	Name of	f Person		Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

MAILING ADDRESS:

Registration Section

TO:

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**

(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our recor ited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Comp Florida document number <u>L14000085010</u> .	pany were filed on 05/27/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
INTERSTATE TRUCKING SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3243 W COLUMBUS DR	, <b>\2</b>
(Principal office address MUST BE A STREET ADDRESS	TAMPA FL 33607	
	- <u></u> -	
Enter new mailing address, if applicable:	3243 W COLUMBUS DR	70 P
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA FL 33607	
	<u> </u>	ψ <sub>i</sub> i
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:  JESUS L C		ds, enter the name of the n
2242 W C	OF LIMBUR DB	
New Registered Office Address: 3243 W Co	OLUMBUS DR.  Enter Florida street addr.	ess
ТАМРА		lorida <u>33607</u>

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 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the d	ate of filing:	(optional)	
	k does not meet the applicable statutory fi		
e record specifies a delayed of The 90th day after the recor	effective date, but not an effective d is filed.	e time, at 12:01 a.m. on the earl	ier of
atedNOVEMBER 19	2018		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00