

12/09/2015 WED 9:10 FAX
12/8/2015

0001/005

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PROMINENT SERVICES INC
Account Number : I20150000063
Phone : (305)889-2880
Fax Number : (305)889-2881

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

corporationcorrection@yahoo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRUCK 01 LLC**

Certificate of Status	0
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DEC 11 2015

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

(H150002915413)

TO: Registration Section
Division of Corporations

SUBJECT: TRUCK 01 LLC

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:

JENIREE CAROLINA CONSTANTINO RIOS

Name of Person

TRUCK 01 LLC

Firm/Company

6332 NW 72 AVENUE

Address

MIAMI, FL 33166

City/State and Zip Code

CORPORATIONCORRECTION@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENIREE CAROLINA CONSTANTINO

Name of Person

at

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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(H150002915413)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TRUCK 01 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 Liability Company were filed on 12/09/15 and assigned Florida document number L14000102610.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Andrea Pacheco

8942 West 35 Ct

Enter Florida street address

Hidden

City

Florida

33018

Zip Code

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 603, 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

(H/50002913413)

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

(H150002915413)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HADI FEL HALABI	6332 NW 72 AVENUE	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENIREB CAROLINA	6332 NW 72 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA L CONSTANTINO	6332 NW 72 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 DEC 1 2015
AM 3:39
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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

(H150002915413)

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(H150002915413)

15 DEC 10 AM 8:39
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 12/09, 15

Signature of a member or authorized representative of a member

Hadi F. EL Halabi
Typed or printed name of signer

(H150002915413)