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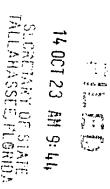
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Trans Nation Trucking 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:
Ricardo Vaniel Genzalez
Trans Nation Trucking LC
8239 Sw Digets Test.
Dunellon Ff 34432 City/State and Zip Code
TNTrucking con agricul com [:-mail address to be used for future annual report notification)
For further information concerning this matter, please call:
Picarclo Daniel Genzalez at (305) 333-OUCH Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$Certified C

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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	Impany were filed on 9/0/14 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited A. The new name must be distinguishable and end with the words "Limited Name of the limited A. The new name must be distinguishable and end with the words "Limited Name of the limited Name of	ted 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 ADDRE	iss) MA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	red office address on our records, enter the name of the new
Name of New Registered Agent:	NA PES
New Registered Office Address:	AR OCT
	Enter Florida street address Florida City Enter Florida street address City Enter Florida street address City City City
New Registered Agent's Signature, if changing Registered A	National Control Contr
I hereby accept the appointment as registered agent an	d garee to act in this capacity. I further garee to comply with the

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

MGR = Manager

AMBR = Au	thorized Member		
Title	Name	Address	Type of Action
MGR	Ricardo Dani U Gronzali	3 1645 Henderson Ave	DAdd
	· ·	Fort Myers, Fl 33914	☐ Remove
***************************************			Add
			□ Remove
			
			D Add
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		ÀSS.	14 OCT 2354
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		Se	; *
			_□ Add
			☐ Remove

. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	NA
 	
-, -, -, -, -, -	
	
	te, if other than the date of filing:
Dated	
_	
	Signature of a member or authorized representative of a member
	Ricardo Daniel Gronzaloz
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 OCT 23 AM 9: 44
SECREJARY OF STATE
FALLAHASSEE, FLORID.