

L14 000149480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

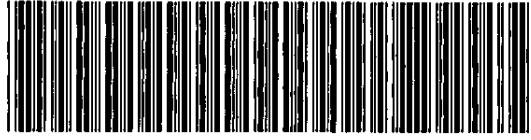
(Business Entity Name)

(Document Number)

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15 FEB -9 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 17 2015
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VIRK AND SHOKER 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:

NIRBHAY SINGH
Name of Person

VIRK AND SHOKER TRUCKING LLC
Firm/Company

334 PARRISH AVE, ORLANDO, FL, 32835
Address

ORLANDO, FL, 32835
City/State and Zip Code

Nicsingha6@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIRBHAY SINGH at (407) 683-3889
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
TO
ARTICLES OF ORGANIZATION
OF

FILED
15 FEB - 9 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VIRK and SHOKER 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 Liability Company were filed on SEP, 24, 2014 and assigned Florida document number L14000149480.

This amendment is submitted to amend the following:

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

SHOKER TRUCKING LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 334 PARRISH AVE, ORLANDO, FL, 32835
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 334 PARRISH AVE, ORLANDO, FL, 32835
(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: NIRBHAY SINGH

New Registered Office Address: 334 PARRISH AVE
Enter Florida street address

ORLANDO, Florida 32835
City 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 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.

NIRBHAY SINGH
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NIRBHAY SINGH	334 PARRISH AVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL, 32835	<input type="checkbox"/> Remove
mgr	Talwinder Virk	417 PARRISH AVE	<input type="checkbox"/> Add
		ORLANDO, FL, 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

PLEASE CHANGE NAME AND ADDRESS OF THE COMPANY,
AND REMOVE TAJWINDER VIRK AS MANGER.
AND ONLY LEAVE NIRBHAY SINGH AS MANGER
AND PRESIDENT. THANK YOU.

E. Effective date, if other than the date of filing: ~~02-05-2015~~ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02-5-2015

Nirbhay Singh

Signature of a member or authorized representative of a member

NIRBHAY SINGH

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA