L14000183544

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Shiware DEC 1 5 2014

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	Rackz N	lation Trucking, LLC		
30D&E	C1.	Name of Lim	ited Liabifity Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ondence concerning this matter	_	
		Charles E Smith or I	Rhonda Smith	
			Name of Person	
			Firm/Company	
		8056 DEERWOOD	• •	
			Address	
		Tampa, FL 33610		
			City/State and Zip Code	
		7841136@gmail.com	l to be used for future annual report no	tification)
For furth	ner information c	oncerning this matter, please co	-	measony
Charl	les E Smith c	or Rhonda Smith	813 784-113	6 or (813) 695-4757
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed	d is a check for t	ne 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)
	Registr Divisio P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rackz Nation Trucking, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	oany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Companies Florida document number L14000183544	y were filed on December 1, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC" or th	e 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)		·w.··
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>ente</u> r <u>e</u> :	The name of the new
Name of New Registered Agent:		>
New Registered Office Address:		NA
	Enter Florida street address , Florida	FOR PR
New Registered Agent's Signature, if changing Registered Agent	City t:	が の 深 で が に の に に る に る に に に に に に に に に に に に に
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar with and r, if this document is

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>	Name	<u>Address</u>	Type of Action
MGR	Charles E Smith	8056 DEERWOOD CIR	■ Add
		Tampa, FL 33610	□ Remove
MGR	Rhonda Smith	8056 DEERWOOD CIR	
		Tampa, FL 33610	■ Remove
MGR	Charne' Smith	8056 DEERWOOD CIR	
		Tampa, FL 33610	■ Remove
			TALLAR Remove
			SEE FILORIO ROMONO
			Remove
			□ Add
			Remove

. If amen	ding any other information, enter change(s) here (Attach additional sheets, if necessary.)
•	
	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated	,
	Rhonda Smoth
	Signature of a member or authorized representative of a member
	Rhonda Smith, registered agent
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE