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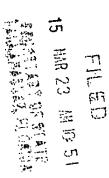
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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M. MILLIGAN EXAMINER

APR 1 4 2015

COVER LETTER

TO: Registration S Division of Co			
ALVAR	EZ TRUCKING CARGO	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MAGDELINE GONZ	ALEZ	
		Name of Person	
	MAGDELINE GONZ	ALEZ CPA, PA	
		Firm/Company	
	8360 W. FLAGLER	STREET, STE 206	
	······································	Address	
	MIAMI, FL 33144		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	RICHARALVAREZ27		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	ali:	
	IE GONZALEZ CI	225 – Area Code Daytime	1592
Name	of Person	Area Code Daytime	e 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)
/ MATI	INC ADDRESS	STDEET/COUDII	FD ADDDESS.

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

ALVAREZ TRUCKING CARGO 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 fit	led on JANUARY 21, 2015	and assigned
Florida document number L15000012348		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
The new name must be distinguishable and end with the words "Limited Liability Com	npany," the designation "LLC" or the a	bbreviation "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 ad	dress 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:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
City	ı	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
	et in this capacity. I further agi	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JACKELINE GONZALEZ		■ Add
	CHACON		
			□ Remove
MGR	RICHAR ALVAREZ		
			Add
			□ Remove
AMBR	JACKELINE L. GONZALEZ		
			Remove
MGR	RICHAR ALVAREZ SR.		Add
			■ Remove
			
			Remove Add
			© Add €
			☐ Remove

If amending any other informat	ion, enter change(s) here: (Attach addit	ional sheets, if necessary.)
•		
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	date of filing: to be prior to date of receipt or filed date and cannorida Department of State)	(optional) be more than 90 days after
Day MARCH 20,	2015	
Dated WARTON 20,	eetku	
	Signature of a member or authorized representative	e of a member
i	Richar Alvarez	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

