L15000021149

(R∈	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	= #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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2017 OCT 27 PK 4: 12

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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	:cт: <u>5D</u>	MSTranspox Name of Limit	tation LLC ed Liability Company	
The end	closed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please 1	return all correspon	dence concerning this matter to	o the following:	
		Emmovel p	Name of Person	n Falcon
			Firm/Company	
		416 Canyon	Drive South Address	
		Lehigh Acro	S.FL 339 36 City/State and Zip Code	
		Gabby 1488 E-mailaddress: (to	b be used for future annual report notific	cation)
For furt	ther information co	ncerning this matter, please cal	II:	
Gab	Melle De Name of	La CVUZMartic Person) at (786) 424-186 Area Code Daytime	Celephone Number
Enclose	ed is a check for the	following amount:		
\$ \$25	5.00 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

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

, and the second		_
Т	$\gamma_{n_{i}}$	·
ARTICLES OF O	DRGANIZATION $(0)/(0)$	~/.
O	OF	> _
	DRGANIZATION OF OCTOTION LLC 201700127	PH 40 1
COME TROOPS	100120 110	"12
Spins of the Limited Liability Common	any as it now appears on our records.)	6-21-5
(A Florida Limited	Liability Company)	(G_{ij})
The Articles of Organization for this Limited Liability Company	were filed on ICDUVAN 2015 and a	ssigned
Florida document number <u>L15000021149</u> .	,	
Torrad document hamber		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Cruz Mart Trucking	LLC.	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "	L.L.C."
		N.
Enter new principal offices address, if applicable:	416 canyon Drive so	<u>uth_</u>
(Principal office address MUST BE A STREET ADDRESS)	Lehigh Acres FL 330	136
	,	
	416	1 _
Enter new mailing address, if applicable:	Canyon Drive South	<u>n</u>
(Mailing address MAY BE A POST OFFICE BOX)	Lehiah Acres FL 359:	36
		
		a
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		e of the nev
registered agent and/or the new registered office address her	<u>c</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	emer r wriau street adaress	
	, Florida	
	City Zip Code	e

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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Address Type of Action Title Name □ Add __□ Remove ☐ Change □ Add __□ Remove _ Change □ Add □ Remove _ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _ Change _D Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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	2017 OCT 23
	2017 OCT 27 Pr. 4: 12
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Tective date, if other than the date of filing:	(optional) anot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: If the date inserted in this block does not meet	the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of State	's records.
record specifies a delayed effective date	e, but not an effective time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	e, but not an enective time, at 12.01 a.m. on the earner of
a .ib	
ated 25th October.	<u> </u>
	<u>/_</u>
Signification a mem	aber or authorized representative of a member
Emmanuel De L	a Cruz Martin Falon ped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00