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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	Total Tra	iler and Fleet service L	LC.			
SODIECIE		Name of Lim	ited Liability Company			
· · · · · · · · · · · · · · · · · · ·						
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
en e						
	٠.	Donald Larson				
: '			Name of Person			
	•	Total Trailer and Fle	et services LLC			
			Firm/Company			
		718 Sioux DR				
			Address	.,	ge Na	
	•	Orlando, FL 32807			2015 ALT.	engn.
<i>;</i>	, .	Offarido, FE 32807			HH.	E LICENSET
	•	tto 1002@ushoo som	City/State and Zip Code		726 738 738	Paren
		ttfs1023@yahoo.com	to be used for future annual report notificati	on)	F	77
				,	EL 214	
For further i	nformation c	oncerning this matter, please c	all:			gramma. Angari
Donald L	arson		407 259-0454		5 5	
	Name o	f Person	at () Area Code Daytime Tel	lephone Number		
England in	, n shaal: tiin tl	ne following amount:				
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\$25.00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Fil Certificat	ing ree, te of Status &	
1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			(additional copy is enclosed)	Certified (additional	Copy copy is enclosed)	
				/ Permitter HT	eopy is elected.	
• .						
	· MAII	ING ADDRESS:	STREET/COURIER	ADDRESS:		
		ration Section	Registration Section			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Total Trailer and Fleet services LLC.		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records,) ited Liability Company)	
	7 77	
The Articles of Organization for this Limited Liability Comp	any were filed on 3/11/2015	and assigned
Florida document number L15000044427		• .
		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability assurance bases	
t. If amending name, enter the new hante of the finited	naumty company nere:	
he 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:		
)P _L
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
		17:17: 3E-
		\$ 26 595
Enter new mailing address, if applicable:		[13] E.S
Mailing address MAY BE A POST OFFICE BOX)		77 3
		
2 If amouding the registered and and allowers	1 00 11	
 If amending the registered agent and/or registered egistered agent and/or the new registered office address 	I office address on our records, <u>s</u> here:	inter the name of the n
	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
A STATE OF THE STA	Enter Florida street address	
	A	
	, Florie	da Zip Code
	'''/	inp come

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

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>	Type of Action
MGR	Dorothy M Larson	718 Sioux Dr	□ Add
		Orlando FL 32807	Remove
			
MGR	Donald Larson	718 Sioux Dr	■ Add
		Orlando FL 32807	Remove
			CONTROL Add
			Remove Remove Remove Remove Remove Remove Remove Remove Remove
	, .		
			□ Remove
	·		□ Add
			□ Remove

If amending any other inform	ation, enter change(s) here: (Attach addition	al sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·	
	·	
Effective date, if other than the	ne date of filing: nnot be prior to date of receipt or filed date and cannot be	(optional) more than 90 days after
the date this document is filed by the March 20	Florida Department of State) 2015	
Dy		
Chro	Signature of a member or authorized representative o	
	Typed or printed name of signee	2015 HAR 26
		R 26 A 26
		PM 12: 4

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