

L15000048704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

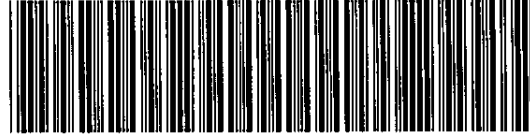
(Business Entity Name)

(Document Number)

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2015 APR 16 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

4/16/2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUCKTRANS 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:

ALBA E VIVAR

Name of Person

MIAMI DISPATCH & CARRIER SERVICES

Firm/Company

8040 NW 95TH ST STE 106

Address

HIALEAH GARDENS, FL 33016

City/State and Zip Code

MIAMIDISPATCH@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBA E VIVAR

at (305) 822-0255

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

TRUCKTRANS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MARCH 17, 2015

Florida document number L15000048704

This amendment is submitted to amend the following:

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

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:

124 AINSWORTH CIRCLE

(Principal office address MUST BE A STREET ADDRESS)

PALM SPRINGS, FL 33461

Enter new mailing address, if applicable:

124 AINSWORTH CIRCLE

(Mailing address MAY BE A POST OFFICE BOX)

PALM SPRINGS, FL 33461

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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.

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

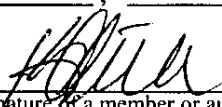
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALBERTO A GONZALEZ	124 AINSWORTH CIRCLE	<input checked="" type="checkbox"/> Add
		PALM SPRINGS, FL 33461	<input type="checkbox"/> Remove
MGR	KETY ARANO	124 AINSWORTH CIRCLE	<input checked="" type="checkbox"/> Add
		PALM SPRINGS, FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ **(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 APRIL 10, 2015



Signature of a member or authorized representative of a member

KETY ARANO

Typed or printed name of signee

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Filing Fee: \$25.00

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