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SECRETARY OF STATE
TALLAHASSEE, FI ORION

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COVER LETTER

	Registration Se Division of Cor				
CUD IEC?		UCKING LLC			
SODJEC	Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	urn all correspo	ondence concerning this matter	to the following:		
		VIVIANA BETHENCOU	RT		
			Name of Person		
		TANU TRUCKING LLC			
			Firm/Company		
		3333 NW 97TH AVE			
			Address		
		DORAL, FL 33172			
			City/State and Zip Code	> na	
		MANAGER@TANUTRUC		2015 JUL 24 SECRETARY Cation)	
		E-mail address: (to be used for future annual report notifi	cation)	
For further	r information c	oncerning this matter, please ca	all:	21 \$35	Since was
VIVIANA	A BETHENCO	URT	786 3014348 at ()	ر الرابي الرابي	
	. Name o	f Person		Telephone Number	U
Enclosed i	is a check for the	he 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)	

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

TANU TRUCKING LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L15000057222	Company were filed on MARCH 31 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		,
(Principal office address MUST BE A STREET ADDR	RESS)	P(0 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis registered agent and/or the new registered office address.		SEDRETARY OF STATE OF the filter of the new
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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	RODOLFO TABARES	3333 NW 97ГН AVE	□ Add
		DORAL, FL 33172 US	☐ Remove
			Add
			□ Remove
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			☐ Remove
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f an effec	ve date, if other than the ctive date is listed, the date is	he date of filing nust be specific and	g: Leannot be pri	or to date of filing	or more than 90	(optional) days after filing.) Pursuant t	o 605 0207
Note: I	If the date inserted in this	block does not n	neet the appl	icable statutory	filing requirem	ents, this date	will not be	e listed as
docume	ent's effective date on the	Department of S	State's record	s.				
ne reco The S	ord specifies a delay 90th day after the re	ed effective of ecord is filed.	late, but r	ot an effect	ive time, at 1	12:01 a.m.	on the e	arlier of
	20041		27/201					
Dated _	DORAL		0//2/1/201) .				
			12.12	/				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00