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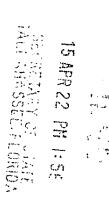
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CHRID		TO LOAD LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		EDGAR J NUNEZ C	AMINERO	
			Name of Person	
		TRUCKS TO LOAD	LLC	
			Firm/Company	
		9010 SW 137 AVEN	IUE UNIT 224	
			Address	
		MIAMI, FL 33186		
			City/State and Zip Code	
		LEGEM2000@HOTM	MAIL.COM to be used for future annual report notif	
For furt	ther information co	ncerning this matter, please ca		ication)
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$25	6.00 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**

TRUCKS TO LOAD LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number <u>L15000062685</u>			and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	Ū	ility company here:		
N/A	71 the 11111tea 1111	mey company nerv		
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	9010 SW 137 AVENUE U	INIT 224	
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FLORIDA 33186		
Enter new mailing address, if applicable:		SAME		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the n	
Name of New Registered Agent:	EDGAR J N	IUNEZ CAMINERO	5 5	
New Registered Office Address:	9010 SW 1	37 AVENUE UNIT 221	R 2	
		Enter Florida street address	22186	
	MIAMI	, Florid	da 33186	
		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-sapacity. 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 far in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address// hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1/6f 3

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 **Title** Name 1 <u>Address</u> Type of Action **GUSTAVO RAMIREZ** 910 SW 137 AVENUE **AMBR** □ Add MIAMI, FL 33186 ■ Remove **AMBR GUSTAVO A** RAMIREZ ■ Add 9010 SW 137 AVE MIAMI,FL 33186 ☐ Remove **AMBR EDGAR NUNEZ** \_□ Add 910 SW 137 AVEMIAMI, FL 33186 ■ Remove **AMBR** EDGAR (TWO LAST NAMES) NUNEZ **CAMINERO** First: EdgAR 9010 SW 137 AVE MIAMI FL 33186 INSTITUTE CAMINATION

		910 SW 137 AVEINIAMI FL 33160		.■ Rem	ove
MBR	GERALDINE JIMENEZ	P-I	35.7 35.7 37.7	Add	
	MUNUEZ CHIMINENO		SSE	22 Pr	<b>4</b>

AMBR GERALDINE JIMENEZ RODRIGUEZ (2 LAST NAMES)

FIGT: GERONDINI

9010 SW 137 AVE MIAMI, FL 33186

LOST: JIMENIZ RODIFUIZ

If amending any o	other information, enter change(s) here: (Attach additional sheets, if necessary.)
• .	
	· · · · · · · · · · · · · · · · · · ·
The effective date mus	other than the date of filing: (optional) t be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after t is filed by the Florida Department of State)
Dated OHIZO	1/2015 /4
<u> </u>	Signature of a member of authorized representative of a member  EDGAR J. WWEZ CAMINERO
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

ALLAHASSO DI 1850.