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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
ANNA SSEE, FLORIDA

D. SCOTT NOV 2 8 2016

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| SUBJECT: NATIONWIDE HAUL TRUCK + TRAILER REPAIR 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: |
| TRACY W. MADON Name of Person |
| NATIONWIDE HAUL TRUCH + TRAFLER REPAIR LLC Firm/Company |
| 2221 N.W. 22ND STREET Address |
| POMPANO BEACH FL. 33069 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| TRACY MADON at (954) 303-2922 Name of Person Area Code Daytime Telephone Number 500 5 |
| |
| Enclosed is a check for the following amount: \$\begin{array}{cccccccccccccccccccccccccccccccccccc |
| MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations |

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIONWIDE HAUL TRUCK + TRAILER REPAIR: LLC

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

(A Florida Limited Liability Company)

| , | , , , , , | | |
|--|------------------|-------------------------------|--------------------------|
| The Articles of Organization for this Limited Liability Company we | re filed on | 4/10/2015 | and assigned |
| Florida document number 4/50000 63341 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability | y company hei | <u>re</u> : | |
| The new name must be distinguishable and contain the words "Limited Liability (| Company," the de | signation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: | e address on | our records, <u>er</u> | iter the name of the new |
| New Registered Office Address: | | | 77 2 TASS |
| | Enter Flori | da street address , Florid | 2 ED |
| | City | | 22ip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad | rformance of i | my duties, and I | am familiar with and |

If Changing Registered Agent, Signature of New Registered Agent

| or remove | f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being ad</u> r removed from our records: | | | | | |
|---------------------|--|--|--|--|--|--|
| MGR = N AMBR = A | Manager Authorized Member | | | | | |
| <u>Title</u> | <u>Name</u> | Address Type of Action | | | | |
| MGR | STEVEN M. SCHAFER | 3450 W. HILLSBORD BLVD. UNIT 107 COCONUT CREEK FLORIDA 33073 DAdd | | | | |
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| If an effective date Note: If the date | if other than the is listed, the date must be inserted in this bective date on the l | ust be specific an block does not | id cannot be pri meet the appl | licable statutor | | | ng.) Pursuant to | |
| ne record spe The 90th da | cifies a delaye by after the re | ed effective cord is filed | date, but r | ot an effect | tive time, at | : 12:01 a.m | $\vdash \Omega$ | |
| | 1 - | | 2016 | | | | NOV 23 HETARY AHASSE | FILE |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00