Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H160001943013)))



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To:

Division of Corporations

Fax Number : (830)617-6383

From:

Account Name

: TINTOS INTERNATIONAL LLC

Account Number : 120150000068

: (407)731-4498

Fax Number

: (407)982-7123

**Enter the email address for this business entity to be used for $f\mathfrak{D}$ annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIG TRUCK GO TRUCK LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TRUCK GO TRUCK LLC | | | |
|---|----------------------|---|--|
| (Name of the Limit | (A Florida Limited) | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited L Florida document number L15000065116 | and assigned | | |
| This amendment is submitted to amend the foll | owing: | | • |
| A. If amending name, enter the new name of | f the limited liab | ility company here: | |
| The new name must be distinguishable and contain the v | vords "Limited Linbi | lity Company," the designation "U.C" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able; | N/A | الموادية ال |
| (Principal office address MUST BE A STREET ADD | | | <u> </u> |
| | | | A |
| Enter new mailing address, if applicable: | | N/A | Sign Co |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u> </u> |
| B. If amending the registered agent and registered agent and/or the new registered of | | | enter the name of the new |
| Name of New Registered Agent: | ANTONIO AN | NGULO | amakanan sa maransakhinga sa magamidhilika kakanan najabi Magaminakhili biribilika sa d |
| New Registered Office Address: | N/A | Enter Florida street address | |
| | | Ello- | 5.4 · |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

H160001943013

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR ≈ Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action | |
|----------------------------------|--|--|----------------|-----------|
| MGR | ANTONIO ANGULO | 1466 Chateaubriand Ave | | |
| | | -Orlando, Fl 34786 | □ Remove | |
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Page 3 of 3

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