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ALLAHASSEE, ELGRID

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K. SALY EXAMINER JUN 17 2015

COVER LETTER

	ition Section of Corporations ,			
SUBJECT:	HK TRU	cks LLC	_	
SUBJECT:		ne of Limited Liability Com	pany	
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.	•	
Please return all c	correspondence concerning thi	s matter to the following:	· · · · · · · · · · · · · · · · · · ·	
		U, Kob K	d20	
		Name of Po	rson	
		HK Trucks	LLC	•
		Firm/Comp	oany	
•	Q	51 Bricks	1 Ave	Unit. 3206
		Address	i	•
		412m, -12	- - 33/3/	<u>/</u>
	<i>✓</i> E-mail	Address: Address: City/State and 2 Koks Kod 2-9 address: (to be used for futu	ip Code mol	lion)
For further inform	nation concerning this matter,		V	
\mathcal{U}_{i}	Lob Kodzo		36 580	15-86
	Name of Person	at (Area C	ode Daytime To	elephone Number
Enclosed is a che	ck for the following amount:			
\$25.00 Filing	-	Status Certified		□ \$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

19.7

, ,	OF	2015 No. 12 ED
· · · · · · · · · · · · · · · · · · ·	Y Company as it now appears of Limited Liability Company)	2015 JUN 16 PM 3: 17
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on <u>05</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here	:
The new name must be distinguishable and contain the words "Limi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR		gnation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ur records, enter the name of the new
registered agent and/or the new registered office addr	ess nere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	_	, Florida
	City	Zıp 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

	Authorized Person(s) rom our records:	authorized to ma	anage, enter the title, name, and address of e	ach person being added
MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	Kazına	Kedto	951 Brickell Are Unit.	3206 DrAdd
			Miami +2 33/31	Remove
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f an effect Note: If	date, if other than the date of filing:(optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at 3's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	6/12, 2015
	12/0h Vodz
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00