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(Re	questor's Name)	
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

JUL 13 2015

« COVER LETTER

TO: Registration Se			
SUBJECT: 4LL		E 7 RVCKING	SFRVICES, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PW C 12305 Nu Doral	Name of Person Name of Person Propo Firm/Company Address TZ 33.17-8 City/State and Zip Code B QV - Color be used for future anythal report notice.	2015 TALL
For further information of	concerning this matter, please ca	`	DRETARY OF ANASSEE, F
	Vizcorron do of Person	at 305 206	ARE TARY OF STATE OF
Enclosed is a check for t	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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL Nationwide Truck	Inf ferrices, L	LC
(Name of the Limited Liability Comp (A Florida Limited	panyas it now appears on our record I Lability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on <u>05/12/</u>	20) Tand assigned.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
		2015 SEC
		CR. J.
Enter new mailing address, if applicable:	<u> </u>	25A
(Mailing address MAY BE A POST OFFICE BOX)		S
		ORA III
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	s
	, Flo	orida Zip Code
	Cuy	Zip Coue

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Mar AMBR = Aut	nager horized Member '		
<u>Title</u>	<u>Name</u>	Address	Type of Action
4GR	Pivero, Gregorio	3409B 72H Avenue Mismi FL 33122	Add
	ere var	Mism, 7 33122	Remove
			Change
4GR	BELIZARIO, NEUMAN	3409B 72nd Avenue.	d Add
		Hami, 72 33122	Remove
		·	Change
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	(optional)	
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Page 3 of 3

Filing Fee: \$25.00