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SECRETARY OF STATE

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COVER LETTER

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SUBJECT:	Innovative	Trucking & Equipment Leasi	ing LLC	
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Charlotte Gass		
			Name of Person	
		Innovative Trucking & Equ	uipment Leasing LLC	
		····	Firm/Company	
		54383 Marsh Road		
•		**** *** * ****** * * * * * * * * * *	Address	· · · · · · · · · · · · · · · · · · ·
		Callahan, FL 32011		
			City/State and Zip Code	
		charlogass@comcast.net		<u> </u>
		E-mail address: (to be used for future annual report not	ification)
For further in	formation co	oncerning this matter, please ca	all:	
Charlotte Gas	ss		719 238-3883 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$ 25.00 Fi	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Innovative Equipment Leasing LL				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears of Liability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number L15000098442	Liability Company	were filed on June 4	, 2015	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lial	oility company here:	:	
Innovative Trucking & Equipment Leasing LLC	2			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	nation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	,	
(Principal office address MUST BE A STRE	ET ADDRESS)			
		N/A	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		W/A		···········
registered agent and/or the new registered of New Registered Agent:	N/A	re:		
New Registered Office Address:		Futan Florida	street address	
		Emer r ioriaa	sireet daaress	
		City	, Florida	Zip Code
New Registered Agent's Signature, if changing	Desistaved Agent			zip coue
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	per and complete ristered agent as registered office s change.	e performance of my provided for in Cha e address, I hereby o	duties, and I am fan ipter 605, F.S. Or, if confirm that the limit	miliar with and this document is led liability
	Page	1 of 3	-11	U

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

<u>Title</u>	Name	Address	Type of Action
N/A			□ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
	**************************************	**************************************	Add
		-	Remove
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N/A				
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ive date, if other than the date o	of filings		(antional)	
ective date is listed, the date must be spec	cific and cannot be prior to date	of filing or more than 90	(optional) days after filing.) Pursuan	t to 605.
If the date inserted in this block doe ent's effective date on the Departme		tatutory filing requiren	nents, this date will not	be liste
	utiva data hut nat an	effective time, at	12:01 a.m. on the	parlie
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cord specifies a delayed effect 90th day after the record is Signatur			216 SE SECRE	

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Filing Fee: \$25.00