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K. SALY EXAMINER JUN 1 9 2015

COVER LETTER

TO: Registration S Division of Co	rporations	. •	
SUBJECT:	Thor Trucking	1/6	
	Name of I (m/	ted Liability Company	
	Amendment and fee(s) are subsondence concerning this matter	_	
rease retain an corresp.	ondence concerning this matter	to the lonowing.	
	Gunnar Th	or Thorisson Name of Person	
		Name of Person	
	Thor Truc	King 1/C Firm/Company	
•	2322 victor	ig falls Dr	
	orlando, f		
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report noti	fication)
For further information	concerning this matter, please ca	ıll:	
Gunnar Th	nor Thousson	at (<u>786</u>) <u>547-</u> Area Code Daytim	8252
Name	of Person	Area Code Daytim	e Telephone Number
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 (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

ТО	~~~
ARTICLES OF ORGANIZATION	C. H. Jan
OF	2015
Ther Trucking 1/c	2015 JUN 18 FM 12: 50
(Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company)	THE THAT SEE FLORID
The Articles of Organization for this Limited Liability Company were filed on Muc 10. 2015 Florida document number 4 15 0 00 1 0 / 2 38	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here:	enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Ela	شمام

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

Zip Code

or removed from our records: Frill Frill MGR = Manager AMBR = Authorized Member Name **Type of Action** Title **Address** ERLA PETUSSDOTTI □ Add _□ Change □ Add □ Remove _□ Change □ A44 ☐ Remove □ Change _□ Add □ Remove □ 'Change _□ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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ffective da	date is listed,	the date must	be specific a	and cannot b	e prior to d	ate of filing o	r more than 90	(option	ling.) Pursua	nt to 605,020
locument's e	effective dat	e on the De	ok does no partment o	f State's re	applicacio cords.	statutory fr	ling requirer	nome, this t	iaic will no	t ochsica a
e record s The 90th					ut not a	i effectiv	e time, at	12:01 a.	m. on the	e earlier (
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Dated <u>W</u>	10 /t		7	<u>, 20</u>	<u>/5 </u>					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00