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(Requestor's Name)		
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JAN 12 2016 S. YOUNG



COVER LETTER

Division of Corpor	rations			
SUBJECT: Pre m	ier Truckin	g Solutions, 1	_ر د	
	Name of Limit	ted Liability Company		
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	ence concerning this matter to	o the following:	,	
	Shawn	M ^S Intosh		
		Name of Person		
		Firm/Company		
	0 -	• •		
	<u> </u>	ox 743072		
		Address		
	Boynton	Address Beach, F1 3: City/State and Zip Code truck Solutions @ o be used for future annual report notific	3474	
		City/State and Zip Code	a la la Tima	-A
-	E-mail address: (to	o be used for future annual report notific	ation)	ரை
For further information conc	cerning this matter, please cal	il:	# # # # # # # # # # # # # # # # # # #	
Shawn	Mitnosh	II: at (954) 934- Area Code Daytime?	.6566	
Name of Pe	erson	Area Code Daytime	Felephone Number	. <i>Ų</i>
			31m (7.5)	20
Enclosed is a check for the f	ollowing 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 Sta Certified Copy (additional copy is e	atus &

MAILING ADDRESS:

TO:

Registration Section

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

Premier Trucking Solo	utions, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 5000138697</u> .	were filed on 8 18 15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	,
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	5407 Simpson R Orlando Fl 3	Z/
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Fl 3	2824
Enter new mailing address, if applicable:	P.O. Box 7430=	12
(Mailing address MAY BE A POST OFFICE BOX)	Boynton Beach, F	1 33474
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		he name of the new
	City	Zip 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

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

MGR = Manager . AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Remove
			Change
		4 15 15 15 15 15 15 15 15 15 15 15 15 15	Remove
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			Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional	
: Address for Officers to be chan	nedto:
Sean White)
151 Toluca Drive	
Kissimmee, Fl 34743	
Shawn Mc Intosh	
,	1
Boynton Beach, Fl 33474	}
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	50
Effective date, if other than the date of filing:	
he record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of
Dated January 7, 2016. Signature of a member or authorized representative of a member of	
Show Miletel	
Signature of a member or authorized representative of	a member
Shawn MSIntush Typed or printed name of signee	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00