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## **COVER LETTER**

	legistration Sec Division of Corp				
eum iræ		ALONSO TRUCKING LLC			
SUBJEC	l:	Name of Limi	ted Liability Company		
The enclo	sed Articles of A	mendment and fee(s) are subt	mitted for filing.		
Please ret	um all correspor	dence concerning this matter	to the following:		
		EDMUNDO ALONSO RA	MOS		
			Name of Person		
		EDMUNDO ALONSO TR	UCKING LLC		
			Finn/Company		:
		3561 12TH AVE NE			
			Address		
		NAPLES, FL 34120			·
			City/State and Zip C	ode	
		LADYDI5460@AOL.COM	to be used for future and	ust report notifi	carion)
For furthe	er information co	oncerning this matter, please of		idai report ((ivea)	
EDMUN	DO ALONSO		239 at ( )	330-5666	
	Name of	Person	Area Code	Daytime	Telephone Number
Enclosed	is a check for th	e following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing F Certified Copy (additional copy)	y	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is euclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	Regi Divis Clifto 2661	EET/COURING Stration Section of Corporation Building Executive Central Executive Cen	ations ater Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EDMUNDO ALONSO TRUCKING LLC		
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/07/2015	and assigned
Florida document number L15000170857		
This amendment is submitted to amend the following:		
L. If amending name, enter the new name of the limited	llability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		·
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address	ed office address on our records, shere:	enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street address	
	, Flori	do
	City	Zip Code

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. Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BEATRIZ ALONSO	3561 12TH AVE NE	
		NAPLES, FL 34120	Q Remove
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			Remove
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