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(Re	equestor's Name)	
(Ád	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Se Division of Cor			
CUDI		rucking L.L.C.		
SUBJ	ECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		Kimberly LaRocca		
			Name of Person	
		LaRocca Trucking L.L.C.		
			Firm/Company	
		1610 Ridgewood St		500 6 7 -
			Address	12. 8 三
		Clearwater, Florida 33755		
		Laroccatrucking 16@gmail.		
		E-mail address: (to be used for future annual report noti-	fication)
For fu	orther information o	oncerning this matter, please c	all:	
Kimb	erly LaRocca		727 637-9619 at ()	
	Name o	f Person		e Telephone Number
Enclo	sed is a check for the	ne 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)
	МΑП	ING ADDRESS:	STREET/COLD	FD ADDDFSS

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

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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar		
(A Florida Limited L	y as it now appears on our reco ability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on November 17,	2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		9 1
Enter new mailing address, if applicable:		्र के नि
Mailing address MAY BE A POST OFFICE BOX)		
_		
		स्ता की
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		rds, enter the name of the n
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street add	ress
Name of New Registered Agent:		Florida
Name of New Registered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Blake LaRocca		
		1610 Ridgewood St Clearwater, Fl	Remove
			Change
MGR	Kimberly LaRocca	1610 Ridgewood St Clearwater, Flo	= Add
			Remove
			☐ Change
			□ Remove
			Change
			— □ Æga —
			Remove
			Change
		- Company of the Comp	Add
	·	·	☐ Remove
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an effective date is listed, the dat lote: If the date inserted in the	te must be specific and cannot be prior to date of fil	(optional) ling or more than 90 days after filing.) Pursuant to 60 ory filing requirements, this date will not be lis)5.0207 sted as
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an effective date is listed, the date to the date inserted in the date inserted in the date inserted in the date on the date of the feeting and the feeting an	te must be specific and cannot be prior to date of fil his block does not meet the applicable statuto the Department of State's records. ayed effective date, but not an effer execord is filed.	ling or more than 90 days after filing.) Pursuant to 60 ory filing requirements, this date will not be lis	sted as

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