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COVER LETTER

Div	ision of Corp	orations		
SHRJFCT:	DAR TRUC	KING SERVICES LLC		
.,000			ted Liability Company	
The encloses	d Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	ı all correspon	dence concerning this matter t	to the following:	
		JOSE A PLEITEZ		
		·	Name of Person	
		DAR TRUCKING LLC		
			Firm/Company	
		11049 REGENCY COMM	ONS CT	
			Address	
		ORLANDO FL 32837		
			City/State and Zip Code	
		delacuba3@gmail.com		
		E-mail address: (t	o be used for future annual report noti	fication)
For further i	nformation co	ncerning this matter, please ca	dl:	
MILAGROS DE LA CUBA		407 574-5526	-	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is	a check for the	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

TO:

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

DAR TRUCKING SERVICES LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp	pany were filed on 12/17/2015	and assi	gned
Florida document number L15000209649			
this amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the a	ibbreviation "L.I	C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u>⊆</u> _	-3 <u>25</u>
		<u> </u>	- XX
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Enter new mailing address, if applicable:		<u></u>	ॐद
Mailing address MAY BE A POST OFFICE BOX)		9	7. 7. 7. 7. 7. 7.
		67	5
3. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		the name o	of the
New Registered Office Address:	Enter Florida street address		
	. Florida		
	, FIOTIDA	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, 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>	Address	Type of Action
P	JOSE A PLEITEZ	11049 REGENCY COMMONS CT	
		ORLANDO, Fl. 32837	■ Remove
			Change
P	ROXANA DE LOURDE CARPIO	11049 REGENCY COMMONS CT	Add
		ORLANDO, FL 32837	Remove
			Change
			□ Remove
			Change
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Effective date, if other than the diff an effective date is listed, the date must be	ate of filing:		(optio	onal)	0 5 D'
If an effective date is listed, the date must be Note: If the date inserted in this bloc	ie specific and cannot be p ik does not meet the ap	mor to date of filing of plicable statutory f	or more than 90 days after iling requirements, this	date will not be lis	oo.oz sted
document's effective date on the Dep	artment of State's reco	rds.			
he record specifies a delayed of The 90th day after the recor		not an effectiv	e time, at 12:01 a	.m. on the earl	lier
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Dated Mayo 30	2018				
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