

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO:	Registration Sec Division of Corp					
		Brothers Trucking Company,	ITC			
Name of Limited Liability Company						
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
		Alejandro Gomez				
			Name of Person			
The Moredo Brothers Trucking Company, LLC Firm/Company						
			Firm/Company			
		11316 SW 180th St				
			Address			
		Miami, FL 33157				
		City/State and Zip Code				
		E-mail address: (to be used for future annual report notific	cation)		
For fu	erther information co	oncerning this matter, please ca	all:			
Aleja	ndro Gomez		786 606-2989			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclos	sed is a check for th	e following amount:				
= \$2	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 OF

any as it now appears on our records. Liability Company))		
were filed on	and assigned		
oility company here:			
lity Company," the designation "LLC"	or the abbreviation "L.L.C."		
11316 SW 180th Street			
Miami, FL 33157			
11316 SW 180th Street	76 J		
Miami, FL 33157			
	5570 9 1		
ffice address on our records, re:	enter the name of the ne		
W. 1884			
Enter Florida street address			
	ida		
•	Zip Code		
i	han anna ta annah, with th		
	lity Company," the designation "LLC" 11316 SW 180th Street Miami, FL 33157 11316 SW 180th Street Miami, FL 33157 ffice address on our records, e: Enter Florida street address City		

If Changing Registered Agent, Signature of New Registered Agent

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

MGR =	Manager
AMBR =	Authorized Member-

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Remove
			Change
			Add
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D. If amending any other information, enter change(s) here: (Attach ac		_
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E. Effective date, if other than the date of filing:	(optional)	· · · · · · · · · · · · · · · · · · ·
(If an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not an effection (b) The 90th day after the record is filed.	ive time, at 12:01 a.m. on the ear	lier of:
Dated 1/26/2016		
Dated 1/26/2016 Megindo Jom Signature of a member or authorized represen		
Signature of a member or authorized represen	tative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00