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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: 66 Trucking Name of Limited Liability Company
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Jack Charles Name of Person
	6C Trucking Firm/Company
	12471 NW 15th Pl Apt 102
	Sunrise F1 33323 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fi	orther information concerning this matter, please call: 954479 9535
	Name of Person at (951) 11799535 Area Code Daytime Telephone Number
Enclo	sed is a check for the following amount:
□ \$ ⁻	25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) 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

6.CTrucking 11C	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) htty Company)
The Articles of Organization for this Limited Liability Company we Florida document number	re filed on $\frac{21312016}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	BUTIL NW 15Th Pl Apt 102 Sunrise FL 33323
- Trincipal office address arose in Arthur 1871 (2017)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) -	12471 NW 15th Pl Apt 102 Sunprise FL 33323
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
	- ···
Name of New Registered Agent:	11/
New Registered Office Address: 1947/	NIW 1514 AGAPT 102 Enter Florida street address
Sunci	SE , Florida 33323 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,\ CD
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ac	rformance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

MGR = M $AMBR = A$	anager uthorized Member		
<u>l'itle</u>	Name	Address	Type of Action
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<u>te:</u> 11°the	late, if other than date is listed, the date e date inserted in the effective date on t	his block does not	meet the applicab	date of filing or morele statutory filing	(option: e than 90 days after fili requirements, this da	a f) ing.) Pursuant to 605. ite will not be liste
record he 90t	specifies a del th day after the	ayed effective record is filed	date, but not J.	an effective tir	me, at 12:01 a.n	n, on the earlie
ted	6/29		. 2018	_ •		
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-		Signature of	a member or author	ized representative of	f a member	
				CS I name of signee		

Page 3 of 3

Filing Fee: \$25.00