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COVER LETTER

Divi	sion of Cor	porations					
SUBJECT:	MILLON T	RUCKING, LLC					
Name of Limited Liability Company							
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspon	ndence concerning this matter	to the following:				
		DAVID LOPEZ, ESQ					
			Name of Person				
		RODON LAW, PLLC					
			Firm/Company				
		201 ALHAMBRA CIRCL	E, SUITE 504				
		-	Address				
		CORAL GABLES, FL 331	134				
			City/State and Zip Code				
		DLOPEZ@SRALAW.COM					
			to be used for future annual report notifi	cation)			
For further in	formation co	oncerning this matter, please ca	all:				
DAVID LOF	PEZ		305 445-8881 at ()				
Name of Person				Telephone Number			
Enclosed is a	check for th	e following amount:					
■ \$25,00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section

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

MILLON TRUCKING, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recordinability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 2/16/2016	an	ıd assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviati	on "L.L.	C."
Enter new principal offices address, if applicable:	470 NW 23 COURT			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33125			
Enter new mailing address, if applicable:	PO BOX 370004	* ·		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33137	in the second	L.U.	16 FEB 29
B. If amending the registered agent and/or registered of	FFice address on our records	CAR	29	
registered agent and/or the new registered office address her	e:	S, enter the h	ි ස: ය	rant.
Name of New Registered Agent:		75	6 1	
New Registered Office Address:	Enter Florida street addres.	S		
		orida		<u>.</u>
	City	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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		a delayed e er the record		ate, but r	not an ef	fective tir	ne, at 12:	01 a.m. or	the ea	arlier of
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