

2/4000035264

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | siness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400283875424

03/29/16--01002--006 **25.00

SUFFICIENCY OF FILIN

16 HAR 29 AM 9: 59

16 MAR 29 AH 10: 03

APPROVE FANOVEL

HAR 2 9 2016 D. BRUCE

COVER LETTER

| TO: Registration Sec Division of Corp | | | | | |
|--|--|---|--|-----------------|----------|
| SUBJECT: O | NE GOAL TRU Name of Limi | CKING LC C | · | | |
| | Amendment and fee(s) are subradence concerning this matter t | | | | |
| riease return an correspon | ndence concerning this matter t | o the following: | | | |
| | Jodi Sa | Name of Person | | | |
| | one Goa | Trucking, LCC | | | |
| | 2221 Coile | ge Circle S Address | | ٠. | |
| | Jacksonville | FL 32209 | | | |
| | Onegoal- E-malladdress: (t | trucking (a) Omai o be used for future amoual (report notifi | cation) | SECRETALIZATION | <u> </u> |
| For further information co | oncoming this matter, please ca | dl: | - ! | 29 888 | 三字法 |
| Jod. Anne S Name of | anchezPerson | at (<u>904</u>) <u>379</u> — Area Code Daytime | 2958 Telephone Number | AM IO: 03 | |
| Enclosed is a check for th | e 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 F Certificate of Certified Copy (additional copy | Status & y | |

MAILING ADDRESS:

 ζ_2

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 ARTICLES OF ORGANIZATION **OF**

| ONE GOAL TRUCKING LLC | |
|--|---------|
| (Name of the Limited Liability Company as Unow appears on our records.) (A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Company were filed on 2/19/2016 and assigned Florida document numberL16000035264 | |
| 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) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of free new | とていうだけし |
| registered agent and/or the new registered office address here: | |
| Name of New Registered Agent: | |
| New Registered Office Address: Enter Florida street address | |
| | |
| 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 Charging Registered Agent, Signature Commit 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 |

| Title | <u>Name</u> | Address | Type of Action |
|-------|------------------|---------------------------------------|------------------|
| AP | Jamie R. Sanchez | 2221 College Circle S. | |
| | | Jacksonville, FL 32209 | Remove |
| | | · · · · · · · · · · · · · · · · · · · | Change |
| MGR | Jodi A. Sanchez | 2221 Collège Circle 5. | X Add |
| | | Jacksonville, FL 32209 | ☐ Remove |
| | | | ☐ Change |
| | | | 🗆 Add |
| | | | □ Remove |
| | | | Change |
| | | · · · | 16 MAR SEARCH |
| | | | Remove 1 |
| | | | TA TE |
| | | | ESChang 5 |
| | | · | □ Remove |
| | | | |
| | | <u> </u> | 🖸 Add |
| | | | □ Remove |
| | | | Change |

| | | | - | |
|---------------------|--|-----------------------------|----------------------------|----|
| | | | - | |
| | | | • | |
| | | | - | |
| | | | <u>.</u> | |
| | | | - | |
| | | | - | |
| | | | • | |
| | <u> </u> | | | |
| | | SECR | 16 HAR | |
| | | HOSSI THE THE | - 29 | 77 |
| , | | 10 E | AN E | 3 |
| | | SH. |); O.\$ | |
| | | | - | |
| <u>Note</u> | ctive date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records. | suant to 60: not be list | 5,0207 (3)(b) ed as the | ; |
| If the re (b) Th | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed. | the earli | er of: | |
| Date | d MARCH 29th, 2016. | | | |
| | Signature of a member or authorized representative of a member | | | |
| | Jodi Sanchez Typed or printed name of signee | | | |

Page 3 of 3

Filing Fee: \$25.00