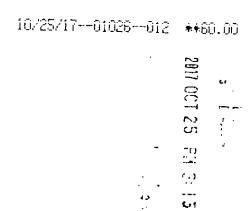
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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J. HARRIS

COVER LETTER

то:		stration Se sion of Cor			
SUBJE	·c·T·	ROCKET	TRUCKING ,LLC		
SODJE	Ch.		Name of Lim	ited Liability Company	
The end	closed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return .	all correspo	ndence concerning this matter	to the following:	
			GIS	SELA CASTANEDA CHAVES	
				Name of Person	 .
			ROCKET	TRUCKING SOLUTIONS,LLC	
				Firm/Company	
			8300	NW 53 STREET SUITE 350	
				Address	
			DOI	RAL ,FLORIDA 33166	
				City/State and Zip Code	
				SCA73@GMAIL.COM	
				to be used for future annual report notifi	ication)
For furt	ther in:	formation co	oncerning this matter, please ca	all:	
	G	ISELA CA	STANEDA CHAVES	786 6567152	
Name of Person			Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a	check for th	e following amount:		
□ \$2 <i>5</i>	5.00 Fi	ling 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:

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

(Name of the Limit	ed Liability Compa: (A Florida Limited I.	ny as it now appears on our i Jiability Company)	records.)
The Articles of Organization for this Limited Li	ability Company	were filed on 02/25/2016	and assigned
Florida document number L16000040252	·		
This amendment is submitted to amend the folk	owing:		
A. If amending name, enter the new name of	the limited liabi	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			100
(Mailing address MAY BE A POST OFFICE	BOX)		~17
		•	1.2
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	fice address here		
	7911 NW 72 A	VENUE SUITE 215-B	
New Registered Office Address:		Enter Florida street	address
	MEDLEY		Florida ³³¹⁶⁶
	 	City	Zip Code
New Registered Agent's Signature, if changing F	Registered Agent:		i
I hereby accept the appointment as registere provisions of all statutes relative to the propercept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my duti- provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

Page 1 of 3

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
AMGR	GISELA CASTANEDA CHAVES	8300 NW 53 STREET SUITE 350	
		DORAL.FLORIDA 33166	□ Remove
			■ Change
AMGR	MARTIN E SARMIENTO SUARI	8300 NW 53 STREET SUITE 350	
		DORAL ,FLORIDA 33166	Remove
			☐ Change
MGR	YENIER ALMAGUER PRIETO	7001 W 35TH AVE UNIT 208	
		HIALEAH FLORIDA 33018	□ Remove
			Change
			Add
			Remove
	_		☐ Change
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reffective date is listed, the	date must be spec	ific and cannot be	e prior to date of fi	ling or more than 9	(optional) days after filing	.) Pursuant to 60	5,020
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record specifies a c	delayed affec	tive date, by	it not an offo	ctivo timo at	12:01 a.m	on the earl	ioro
he 90th day after t	the record is	filed.	at not an ene	cave ume, at	12.01 0.111,	on the earl	iei O
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10/06/2017 red	Ž	12/				7.6.	e:
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	Signivu	re of member o	authorized repre	sentative of a mem	ber		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00