## L160000 42468

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## **COVER LETTER**

SUBJECT: <u>A</u> LI'S	TRUCKING L	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	ASHMIOD	ALI Name of Person	<del></del>
	BJECT: ALI'S TRUCKING ILC  Name of Limited Liability Company  e enclosed Articles of Amendment and fee(s) are submitted for filing.  asserturn all correspondence concerning this matter to the following:  ASHMIOO ALI  Name of Person  ALI'S TRUCKING ILC  Firm/Company  17773 89 TH PL Al  Address  LOXAHATCHEE FL, 33470  City/State and Zip Code		
	nirmala 1130 ( E-mail address: (1	3 gmail.com to be used for future annual report notifi	cation)
For further information c			
·ASHM100 Name o	ALI of Person	at ( 561 ) 667 - Area Code Daytime	7999 Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section

Division of Corporations

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 Limited Liability Company (A Florida Limited Lia	as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L/6000 43468</u> .	ere filed on <b>03</b>	101/2016	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the design	nation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				_
			16 JUL	<u>.</u>
Enter new mailing address, if applicable:		<del></del>	- N	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	S 5 17	<del></del>
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		2	the name of the	: new
Name of New Registered Agent:			·	
New Registered Office Address:	Enter Florida	street address		<del></del>
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	c ay		ыр сом	

If Changing Registered Agent, Signature of New 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 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
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an effective date is listed, the da lote: If the date inserted in t	ite must be specific a	nd cannot be prior	to date of filing or	more than 90 days	after filing.) Purs	suant to 60	05.020
ocument's effective date on				ing requirements	i, this date will	not oc m	sica a
record specifies a del	layed effective	date, but no	t an effective	time, at 12:	01 a.m. on t	he ear	lier d
The 90th day after the	e record is filed	1.					
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