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TO:	<b>Registration Section</b>
	Division of Corporations

American Eagle Truck & Equipment Management LLC

SUBJECT: \_\_

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Troy Wwetherington

Name of Person

American Eagle Truck & Equipment Management LLC

Firm/Company

4809 N.W. 20th. Place

Address

Coconut Creek Florida 33063

City/State and Zip Code

twethe9705@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Troy Wetherington	305	345-5543
	at (	)
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the 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 Fee, Certificate of Status & 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

American Eagle Truck & Equipment Management LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/10/2016}{000}$ \_ and assigned Florida document number L16000050377 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 "LLC." 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)  $\sim$ B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: فينا Name of New Registered Agent: 8 ÷ New Registered Office Address: Enter Florida street address , Florida \_ Citv 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Patricia A Wetherington	4809 N.W. 20th, Place	🖬 Add
		Coconut Creek	C Remove
		Florida 33063	Change
	·		🖸 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	November 01	2017	
Dated		``````````````	
	Gini- I	Wetherhortiz 4.	
	Jugor	Signature of a member or authorized representative of a member	

Troy L. Wetherington Jr.

Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00