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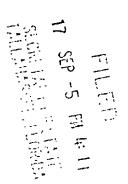
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Certified Copies	Certificates	of Status
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SEP 6 2017

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of C	orporations			
AUSTR	MEN TRUCKING LLC			
SURJECT:	Name of Lim	Name of Limited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filmg		
Please return all corres	pondence concerning this matter	to the following.		
	Hector Alberto Sanchez Pe	ma		
		Name of Person		
	Australex Trucking LLC			
		Firm/Company		
	233 Foxtail Dr. Apt C			
		Address		
	Greenacres, FL 33415			
	luissorion@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notifi-	cation)	
For further information	concerning this matter, please ca	all:		
Hector A Sanchez Pen	a	561 729-8672		
Name	e of Person	at () 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)	Certificate of Stains & Certified Copy tadditional copy is enclosed.	
Regi Divi	LING ADDRESS: stration Section sion of Corporations Box 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building		

2661 Executive Center Cucle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Australex Trucking LLC	
(<u>Name of the Limited Liabili</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability Corida document number 1.16000052316	Company were filed on 03:14:2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
<u>Principal office address MUST BE A STREET ADDI</u>	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the dress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
<u>-</u>	Enter Florida street address
	Florida
	Enter Florida street address
New Registered Agent's Signature, if changing Registere	City Zip Code

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>	Name	<u>Address</u>	Type of Action
AMBR	Luis A Sanchez Durand	230 Foxtail Dr Apt B	
		Circunacres, 11, 33415	= 12
			□ Change
			Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			bb∧ □
			□ Remove
			Change
			Remove
			□ Add F
			□ Change

). If amending any other informa	tion, enter change(s) here: (A	Hach additional sheets, if nece	ssary.)
<u> </u>			
Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	lock does not meet the applicable:	toptic te of filing or more than 90 days after statutory filing requirements, this	onal) filing.) Pursuant to 605.0207 (3 date will not be listed as th
the record specifies a delaye) The 90th day after the rec	d effective date, but not an cord is filed.	effective time, at 12:01 a	a.m. on the earlier of:
August, 29 Dated	2017		SE
	Sava	Consequentative of a mumbur	, s
Hecto Alberto Sanchez	Signature of a member of authorized	representative of a memoer	
TICEO MIRTO BAILEICA	1 CHG		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00