16000052316

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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Se Division of Cor	
OLID III		Trucking LLC
SUBJEC	CT:	Name of Limited Liability Company
The encl	osed Articles of	Amendment and fee(s) are submitted for filing.
Please re	eturn all correspo	ondence concerning this matter to the following:
		Luis Alberto Sanchez
		Name of Person
		Australex Trucking LLC
		Firm/Company
		202 Foxtail Dr, Apt D2
		Address
		Greenacres, FL 33415
		City/State and Zip Code LUISSORION@GMAIL.COM
		E-mail address: (to be used for future annual report notification)
For furth	er information c	concerning this matter, please call:
Luis A S	anchez	561 827-2674
	Name o	at () f Person Area Code Daytime Telephone Number
Enclosed	l is a check for th	he following amount:
□ \$ 25.0	00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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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

FILED

2017 NOV =9 PH 5: 02

SECRETARY OF STATE
ALLAHASSEE, FLORID.

Australex Trucking 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 ______ and assigned L16000052316 Florida document number 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." 202 Foxtail Dr, Apt D2 Enter new principal offices address, if applicable: Greenacres FL 33415 (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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> **Type of Action** <u>Name</u> **Address** MGR Luis Alberto Sanchez Durand 202 Foxtail Dr, APT d2 _■ Add Greenacres, FL 33415 _□ Remove _□ Change ☐ Add ☐ Change _ _ Add □ Remove _□ Change _□ Remove _□ Change _□ Add _□ Remove _□ Change

▶ If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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THE TOTAL STATE OF THE PARTY OF	5
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FLORITE STATES	<u>,</u>
	}
E. Effective date, if other than the date of filing:	
(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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.	3)(b) he
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	
Signature of a member or authorized representative of a member	
Luis Alberto Sancher Durand	

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Typed or printed name of signee

Filing Fee: \$25.00