L16000078558

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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COVER LETTER

	tration Secti ion of Corpo			
		GISTICS LLC		
SUBJECT: _			ed Liability Company	
The enclosed A	Articles of Ar	nendment and fee(s) are subm	uitted for filing.	
Please return al	ll correspond	ence concerning this matter to	the following:	
		LUIS J. COTO		
		-	Name of Person	
		TRUPEX LOGISTICS LLC		
			Firm/Company	
		110 EAST 63RD ST		
			Address	
		HIALEAH, FLORIDA, 330	13	
		TRUPEX LOGISTICS LLC Firm/Company 110 EAST 63RD ST Address HIALEAH, FLORIDA, 33013 City/State and Zip Code		
		E-mail address: (to	be used for future annual report notificat	ion)
For further info	ormation con	cerning this matter, please cal	1:	
LUIS J. COTO	- .		at () 889-5997 Area Code Daytime Te	
	Name of P	erson	Area Code Daytime Te	lephone Number
Enclosed is a c	check for the	following amount:		
□ \$25.00 Fili	ing 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

TRUPEX LOGISTICS LLC

(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill $\frac{L16000078558}{L16000078558}$.	ed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	TATE ORIO
<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office aderegistered agent and/or the new registered office address here:	dress on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Elovido

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

Zip Code

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>	<u>Address</u>	Type of Action
P	DAYLIN MORALES	110 EAST 63RD ST, HIALEAH, F	Add
			■ Remove
			Change
P	ANA MARIA ZAPPELLI	110 EAST 63RD ST, HIALEAH, F	Add
		·	☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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			☐ Change
		27. 12. **	☐ Add
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fective date, if other than	the date of filing: e must be specific and cann his block does not meet t	the applicable statutory	or more than 90 days	p tional) after filing.) Pursuar this date will not	nt to 605.0207 be listed as
ote: If the date inserted in the comment's effective date on t					
ote: If the date inserted in the	ayed effective date, record is filed.	, but not an effecti	ive time, at 12:0	1 a.m. on the	earlier o
ote: If the date inserted in the cument's effective date on the record specifies a delation of the 90th day after the	record is filed.	, but not an effecti	ive tìme, a t 12:0		earlier o
ote: If the date inserted in the cument's effective date on the cument's effective date on the cument's effective date on the cument's effective date and the	record is filed.		ive tìme, a t 12:(11 a.m. on the	earlier o
ote: If the date inserted in the cument's effective date on the record specifies a delation of the 90th day after the	record is filed.				earlier o

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Filing Fee: \$25.00