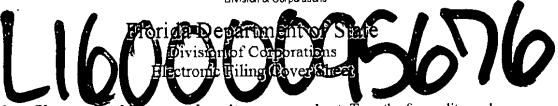
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726 Fax Number : (813)774-4726

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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D. SCOTT FEB 2 3 2017

COVER LETTER

TO:	Registration Sec Division of Corp			,				
erro tr		RPORATION OF LAKELAN	DLLC					
Name of Limited Liability Company								
		Amendment and fee(s) are sub- indence concerning this matter						
			Name of Person					
			Firm/Company					
221 TRAILVIEW WAY								
			Address					
								
E-mail address: (to be used for future annual report notification)								
For fu	ther information co	oncerning this matter, please c	all:	38 3				
RODRIGUEZ, ALEXANDER 813 659-7051			福田山					
	Name of	f Person	Area Coile Daytime	Telephone Number 22 T				
Enclo	ed is a check for th	ne following amount:						
■ S2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)				
				DD 1 DD D 100				

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tellahassee, 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 Compa (A Florida Limited L	ny as it now appears on our records.) Tability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 116000095676	were filed on 05/16/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
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)		·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>ent</u> <u>e</u> :	er the name of the
Name of New Registered Agent:	<u> </u>	2000 7 円
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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>	Name	Address	Type of Action
MGR	ALAIN DEL CUETO	4808 MELODY LANE	<u> </u>
-		LAKELAND, FL 33805	Remove
			Change
MGR	MAIKEL MANUEL HERNANDEZ	140 GLENDALE ST APT 246	Add
		LAKELAND, FL 33803	Remove
			Change
AMBR	PADILLA, DANNY	760 W 35TH ST	
		HIALEAH, ST 33012	⊠ Remove
			☐ Change
MGR	REYES, JORGE L	808 CASTLE WAY	
		LAKELAND, FL 33802	Remove
			Change Change
		<u> </u>	22Add C
			Remove
			□ Change
, <u>.</u>			Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00