7/6/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : T20140000047 Phone : (813)774-4726

Fax Number : (613)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:_

ECALDAR CO. DAR.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COCO CORPORATION OF LAKELAND LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

JUL 07 2017

COVER LETTER

	Registration Sec Division of Corp			
ern ma		RPORATION OF LAKELANI	DLLC	
SUBJEC	.1:	Name of Limi	ted Linbility Company	
The enck	osed Articles of /	Amendment and Fee(s) are sub-	mitted for filing	
Please re	tum all correspo:	ndence concerning this matter	to the following:	
		RODRIGUEZ, ALEXANI	DER	
			Name of Person	-
		COCO CORPORATION O	OF LAKELAND LLC	
			Firm/Company	
		221 TRAILVIEW WAY		
			Address	
		POLK CITY, FL 33868		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ention)
For turth	er information co	oncerning this matter, please of	rd)	
RODRIG	GUEZ, ALEXAN	NDER	\$13 6597051	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (sublitional 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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab) (A Flori	lity Company as it now appears on the Limited Linbility Company)	our records)
The Articles of Organization for this Limited Liability Florida document number L16000095676	Company 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 lir	nited liability company here:	
The new name imist be distinguishable and contain the words "Li	mited Liability Company," the desig	nation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or reg	estered office address on ou	ur records, enter the name of the
registered agent and/or the new registered office ad		-
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor kla	straet uddress
		, FloridaZıp Code
	City	Zıp Coile
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen	it and caree to act in this can	acity. I further dovee to comply wit

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 Jamilia with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Oi, 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

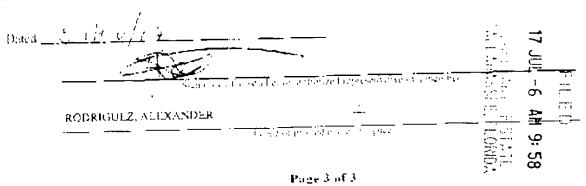
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	OVESA, RAMON BRACHE	202 FISHERMAN ST APT 154	
		OPA LOKA, FL 30354	■ Remove
			Change
MGR	RANGEL NAIRO RODRIGUEZ	1008 LEXINGTON ST	⊒ Add
		LAKELAND, FL 33801	Remove
			☐ Chonge
			🗀 Add
			🗖 Remove
			Change
			Remove
			Change
			Add
			- Remove
			E-Add
			Add Part Remove
			Change

	<u> </u>
to the if when then the date of Dine:	/ •
	(17)(optional)

(b) The 90th day after the record is filed.



Filing Fee: \$25.00