## 116000103854

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## **COVER LETTER**

TO: Registration 9 Division of Co			
SUBJECT:	C TRUCKING	11c	
	Name a <b>t</b> ∕/m	nted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Adrian CA	Lecio Name of Person	<del></del>
	ACTRUCKI	US LLC Firm Company	
	8F Wellwa	ter Daive	<del></del>
		City/State and Zip Code	- <del></del> -
	ACTRUCKIN	SPLLC 255@9 MAIL The used for future annual report notes	ications
For further information	concerning this matter, please c	all:	
NIOLA CA	Lderin of Person	at ( <u>386)</u> <u>986 –</u> Area Code Daytime	7776 Felephone Number
Enclosed is a check for	the following amount:		
□ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$35,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Talluhassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FILED

2018 SEP 10 PM 4: 57

JEGRETARY OF STATE TALLAHASSEE, FL

ACTRUCKINGLLC		ALLAHASSEE.FL
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our recobility Company)	ords.)
The Articles of Organization for this Limited Liability Company w Florida document number <u>216000103854</u>	ere filed on $5/2i$	7 /2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L	LC" or the abbreviation "L.I. 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 office registered agent and/or the new registered office address here:	re address on our reco	rds, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	fra
	^	Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, ovided for in Chapter 602	and I am familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
owner	Niola CAlderin	88 Wellwater Drive	⊠ Add
		88 Wellwater Drive Palm Coast, FL 32/14	□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			🗆 Add
			🛘 Remove
			Change
			🗆 Add
			□ Remove
			Change
			D AJJ
			□ Remove
			🗖 Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(Han eff Note:	ive date, if other than the date of filing: 5et 7, 28/8 (optional) between the date is listed, the date must be specific and cannot be for to date of filing or more than 90 days after filing. (Pursuant to 605,0207) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the red ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Sept. 7,2018 Juin allen
	Signature of a member or authorized representative of a member
	Signature of a member of attinorized representative of a member

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Filing Fee: \$25.00