(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
. (Ci	ty/State/Zip/Phone	<del>• #)</del>
PICK-UP		MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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SEP 2 8 2016 S. YOUNG

# **COVER LETTER**

TO: Registra Division	tion Section of Corpora	n, ntions				
SUBJECT:	P45	TRULK, LLC Name of Limi				
	,	Name of Limi	led Liability Company			
The enclosed Arti	icles of Ame	endment and fee(s) are subr	nitted for filing.			
Please return all c	orresponder	nce concerning this matter t	o the following:			
	-	Erequie	1 M. Loubriel Name of Person	Tr.	,	
		•	Name of Person	•		
	_					
			Firm/Company	•		
	-	2910 KERK	24 FOREST PK Address	WY, #DY-23	4	ALI
			Address .		SEP	
		Tallahasse	City/State and Zip Code	Î	28	ASS.
	-				9	
	_	erey88	e be used for future annual report notifi	ootion)	.; ≖	
		,		cation)	. ဍ	
For further inform	nation conce	erning this matter, please ca	lli:		<b>~</b>	
Erequie	el La	pubrie!	at ( <u>646</u> ) <u>226-6</u> Area Code Daytime	779) Telephone Number		
	Name of Fer	SOII	Area Code Daytine	retephotic (varioe)		
			•			
Enclosed is a che	ck for the fo	ollowing amount:				
▲ \$25.00 Filing	şFee [	□ \$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

P45 Truck;	LLC					
(Name of the Limited Liability C (A Florida Lia	Company as it n mited Liability (	ow appears ompany)	on our reco	ords.)		
The Articles of Organization for this Limited Liability ComFlorida document number <u>L/6000/08&amp;28</u> .	npany were fil	ed on <u>Ju</u>	ine	7,2016	_ and assigned	i
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	d liability cor	npany her	<u>e</u> :			
<u> </u>				•		
The new name must be distinguishable and contain the words "Limited	l Liability Comp	any," the des	ignation "L	LC" or the abbre		Pico.
Enter new principal offices address, if applicable:					<u>ਰ</u>	
(Principal office address MUST BE A STREET ADDRES	<u> </u>				<u> </u>	生活
	·				28	<u> </u>
•					PM	7
Enter new mailing address, if applicable:			·		2	
(Mailing address MAY BE A POST OFFICE BOX)					. ယ <b>တ</b>	37
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		uress on	our reco	rus, <u>enter tn</u>	e name or v	ic new
					<u>-</u>	<del></del>
New Registered Office Address:	Enter Florida street address					
			.1	Florida		
	Ciŋ	,	-		Zip Code	
New Registered Agent's Signature, if changing Registered A	Agent:					
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete perfori nt as provide	mance of n d for in Cl	ny duties, hapter 60	and I am fan 5, F.S. Or, if	niliar with an this documen	d
						_
ī	If Changing Re	gistered Age	nt, <u>Signatu</u>	re of New Regis	itered 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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NAMGYAL TSECHOX	2910 KERRY FOREST PKW	<mark>∕</mark> □ Add
	•	# DY-239	Remove
		Tallahassee, Fl. 32309	<b>7</b> ☐ Change
			□ Add
			Remove
·			□ Change
			CRETARY LAHASSI SEP28
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Filing Fee: \$25.00