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COVER LETTER

TO:	Registratio Division of	on Section Corporations						
SUBJE	ЕСТ:	American	VETERAN Name of Lim	TRUCKING L.L.C. ited Liability Company	<u>.</u>			
The end	closed Article	s of Amendment ar	id fee(s) are sub	mitted for filing.				
Please	return all corr	espondence concer	ning this matter	to the following:				
			ROBERT	D. RIFE Name of Person				
		42	21 FRASIE	ER LANE			10 震	•
				Address	***************************************		S ₂	
			PACE F PVT 4221 E-mail address: (1	City/State and Zip Code O 6 MA, L. Com. to be used for future annual report not	ification)		ÅH 9: 0 \$	
For fur	ther informati	ion concerning this	matter, please ca	all:				
		er D. R. (1)	<u>=</u> E	at (<u>850</u>) 313-3 Area Code Daytim	176 . ne Telephone Number			
Enclose	ed is a check	for the following an	nount:					
5 \$25	5.00 Filing Fe	e 🗆 \$30.00 F Certific	iling Fee & cate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified C (additional or	of Statu: Copy		

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

TO ARTICLES OF ORGANIZATION OF

American Veteran 7	***************************************	L.C.			
(Name of the Limited Liability Cor (A Florida Limit	ted Liability Company)	on our records.			
The Articles of Organization for this Limited Liability Compa	any were filed on	<i>5 Au</i> 6 20/b. and a	ssigned		
Florida document number <u>∠/60001/3207</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	iability company her	E:			
The new name must be distinguishable and contain the words "Limited L	iability Company," the de-	signation "LLC" or the abbreviation "	L.L.C."		
Enter new principal offices address, if applicable:		돌 다	ள்		
(Principal office address MUST BE A STREET ADDRESS		200	780		
	<u> </u>	The was defined to the control of th	, <u>, , , , , , , , , , , , , , , , , , </u>		
		ring.	3**		
Enter new mailing address, if applicable:		in the	₹ •		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	Ê	0	_	
Intuiting uniters that BE ATOST OF FICE BOX					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		our records, <u>enter the nam</u>	e of the	new	
New Registered Office Address:	Enter Florid	da street address		_	
	City	, Florida Zip Cod	e		
New Registered Agent's Signature, if changing Registered Age	ent:				
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of n as provided for in Cl	ny duties, and I am familiar w hapter 605, F.S. Or, if this do	ith and cument i		
Tr C	Changing Registered Age	ent, Signature of New Registered Ag	gent		

or removed from our recoets:

MGR = Manager .
AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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E. Effecti	ve date, if other than the date of filing: (optional)			
(If an effi	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs f the date inserted in this block does not meet the applicable statutory filing requirements, this date will r	uant to 605	.0207 (3))(b)
docum	nt's effective date on the Department of State's records.	iot be fisic	u.s un	
f the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	he earlis	er of:	
b) The	90th day after the record is filed.	ic carne		
Dated	5 Aub 2016.			
24.00	,			
	Telet Fil			
	Signature of a member or authorized representative of a member			
	ROBERT D. RIFE			
	Typed or printed name of signee			
	Page 3 of 3			

Filing Fee: \$25.00