116000129643

(Re	questor's Name)	- ·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
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(Do	cument Number)	
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SECRETARY OF STATE
OF ANASSEE FLORINA

O SIMMONS JUL 2 8 2018

COVER LETTER

TO: Registration S Division of Co			
ASHMAR SUBJECT:	Y TRUCKING LLC		
SUBJECT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	JASMINE RODRIGUEZ		
		Name of Person	
	BEST QUICK TAX RET	URNS, INC.	
		Firm/Company	
	320 S BUMBY AVE ST	<u> 10</u>	
		Address	·····
	ORLANDO FL 32803		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
JASMINE RODRIGUE	ΞZ	407 896-7921	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$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)
МАН	ING ADDRESS:	STREET/COURII	ER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASHMARY TRUCKING LLC		
(Name of the Limite	d Liability Company as it now appears on our reco A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Lia		and assigned
Florida document number L16000129643	·	
This amendment is submitted to amend the follo	wing:	Sec 18
A. If amending name, enter the new name of	the limited liability company here:	THE Z
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "L	LC" or the abhreviation "L.L.C"
Enter new principal offices address, if applica	ıble:	52.5
(Principal office address MUST BE A STREE)	T ADDRESS)	7.7 20
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered off	or registered office address on our reco ice address here:	rds, <u>enter the name of the nev</u>
Name of New Registered Agent:		
Naw Projectoral Office Address		
New Registered Office Address:	Enter Florida street ada	lress
		Florida
	City	7in 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>	<u>Name</u>	Address	Type of Action
MGR	ROY LAUREANO	1612 SUNSHINE LANE	■ Add
		TAVARES, FL 32778	□ Remove
			Change
~ 			Add
			Remove
			Change
			ECRETION DANGER
			OF GOTTE Add
			□ Remove
			□ Change
		 	Add
		<u>.</u>	☐ Remove
			☐ Change
		_	
			□ Remove
			□ Change

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		ORIDA
		
<u>Note</u>	ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file. If the date inserted in this block does not meet the applicable statutory filing requirements, this diment's effective date on the Department of State's records.	al) ing.) Pursuant to 605.020 ate will not be listed a
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.r ne 90th day after the record is filed.	n. on the earlier o
Date	JULY 18 2018	
2	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00