11600131360

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only



800316427988

U8/05/15--U;323--UU. ••24.;



0 01 10NS

COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: E. Coronado Trucking LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Trene Coronado Name of Person
Firm/Company WC
317 Jundance Trail
Wimauma F1 33598 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roxi Johansmeyer at (813) 684-2298 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{ Solutional copy is enclosed}\$\$ \$25.00 Filing Fee \$\times \text{ Solutional copy is enclosed}\$\$ \$55.00 Filing Fee \$\times \text{ Certificate of Status } \text{ Certified Copy (additional copy is enclosed)}}\$\$ \$ \$60.00 Filing Fee, Certificate of Status \$\times \text{ Certified Copy (additional copy is enclosed)}}\$\$
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it now appears in our records.) A Florida Limited Liability Company)
·	A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on Twyls, 2016 and assigned
Florida document number <u>L1600013</u>	1360.
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE E	<u></u>
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our records, enter the name of the new ice address here:
Name of New Registered Agent:	Itene Coronado
New Registered Office Address:	317 Sundance Trail Enter Florida street address
	Wimauma Florida 33598 Zip 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
War.	Eduardo Coronado	317 Sundance Trail	D Add
		317 Sundance Trail Wimouma Fl 33598	□ Remove
			Change
Wer.	Ireneloronado	317 Sundance Trail Wimauma, F1 33598	™ Add
		Wimauma, F1 33598	🗆 Remove
			Change
	·		🖸 Add
			🗆 Remove
			□ Change
			□Add
		All SS	ARemone
		<u> </u>	Change
		<u> </u>	—∰∀qq
			🗆 Remove
			Change
			🛘 Add
			Remove
			□ Change

new E	NIZi	ngd mu	- is	83-11	43366	و) د		
·								_
								_
					-			_
								_
								_
	 -							-
								_
								_
			 _					-
								_
					 	설 c	, O	
						 	 -	-
					, c	·	16 T	! =
					C C	A 35-7 A 3-4	9 [
							湿 C	j
						FLORIDA		_
						35	Ė	
	· · · · · · · · · · · · · · · · · · ·							-
							<u>_</u>	_
		;						-
ctive date, if other t		cou Aug	16 20	7/		I.		
effective date is listed, the	inan tife date of ie date must be spec	ific and cannot be p	rior to date of fi	ling or more than S	(optiona 0 days after filii		uant to 60:	05.00
: If the date inserted ment's effective date				ory filing require	ments, this da	te will	not be list	ted
ment 3 effective date	on the Departmen	in or state 3 recor	us.					
neard enacifies a	dolayed offed	tivo dato but	not an offe	stiva tima st	12.01 5 ~	+	ha sarli	
ecord specifies a e 90th day after			not an ene	cuve ume, a	12.01 0.11	i. Oii c	ne eam	lei
·								
d aug	3	106	X					
		<u></u>	<u>~</u> .					
	~	Com !	ימבו מבינית המשמח	als				
	Same	e of a member or a		antativa afa man	her			
	ngnaun.	c or a member or a	umorizea repre:	semanive of a men	1701			

Page 3 of 3

Filing Fee: \$25.00