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COVER LETTER

Division o	f Corporations		
Truck	n Roll Logistics LLC		
SOBJECT.	Name of Li	imited Liability Company	-
The enclosed Articl	es of Amendment and fee(s) are su	abmitted for filing.	
	respondence concerning this matte	•	
	Maria Giangregorio		
		Name of Person	
	MyCorporation		
		Firm/Company	_ るの
	26025 Mureau Rd. Suite	120	TA SI
	·	Address	SEP 20
	Calabasas, CA 91302		0 2 7
		City/State and Zip Code	20 PM 2: 20
	PROCESSING@MYCOI E-mail address	RPORATION.COM : (to be used for future annual report notification)	20
For further informate	ion concerning this matter, please		
Maria Giangregorio	1	877 692-6772	
N	une of Person	at () Area Code Daytime Telephone Numb	per
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F		(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nat copy is enclosed)
R D P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Truck n Roll Logistics LLC			
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa	nny were filed on	07/29/2016	and assigned
Florida document number L16000142408			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company h	ere:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the c	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			75 W
(Principal office address MUST BE A STREET ADDRESS)			00 55
			<u> </u>
			B WALL
Enter new mailing address, if applicable:			2
(Mailing address MAY BE A POST OFFICE BOX)			
			0
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on nere:	our records, ente	r the name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
	Cit	, Florida _	7: 6 1
	City		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
Member	Joaquin J. Gutierrez		□ Add
			Remove
			Remove
			□ Remove 20 15 15 15 15 15 15 15 15 15 15 15 15 15
			Add
			□ Remove
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fective date, if other than the doneffective date is listed, the date must be te: If the date inserted in this blockward is effective date on the Department's effective date on the Department.	ate of filing: c specific and cannot be prior to date of filing or more to does not meet the applicable statutory filing reartment of State's records.	(optional) than 90 days after filing.) Pursuant to 605.020 quirements, this date will not be listed a
record specifies a delayed of the 90th day after the recor	effective date, but not an effective time d is filed.	e, at 12:01 a.m. on the earlier (
ed September 16	. 2016	
	gnature of a mental or authorized representative of a	

Page 3 of 3

Filing Fee: \$25.00