116000142408

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
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COVER LETTER

SUBJECT:	TRUCK N I	ROLL LOGISTICS LLC			
SUBJECT.		Name of Lin	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		JOAQUIN JORGE GUTII	RERREZ		
			Name of Person		
			Firm/Company		
		3375 SW 20th ST			
			Address		
		Miami, FL. 33145			
		jj@trucknrolllogistics.com	City/State and Zip Code		
For further in	formation cor	E-mail address: ()	to be used for future annual report notifica	ALLY ANY SECTION OF THE SECTION OF T	F
JOAQUIN JO	ORGE GUTII	ERREZ	786 657-6921	1189 1189 1189	
	Name of I	Person	at () Area Code Daytime T	elephone Number 7	D
Enclosed is a	check for the	following amount:		% o-	
≌ \$2 5.00 Fi	ling 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)	

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

TRUCK N ROLL LOGISTICS LLC

(Name of the Lie	(A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Florida document number L16000142408	Liability Company were filed on 07/29.	/2016 and assigned
This amendment is submitted to amend the fo	ollowing:	
If amending name, enter the new name	of the limited liability company here:	:
he new name must be distinguishable and contain the	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	EET ADDRESS)	
		
Enter new mailing address, if applicable:		Z ₁₀ ~
Mailing address MAY BE A POST OFFICE	E BOX)	LX:
		美事
		S 22
. If amending the registered agent an	d/or registered office address on ou	ir records, enter-the-name bil the
egistered agent and/or the new registered	office address here:	
Name of New Registered Agent:	JOAQUIN JORGE GUTIERREZ	> 5
New Registered Office Address:	3375 SW 20th ST	
	Enter Florida s	street address
	Miami	33145

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.

City

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

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 Title <u>Name</u> **Address Type of Action** □ Add ☐ Remove ☐ Change □ Remove ☐ Change □ Add 🚺 U Change <u>م</u> تة □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add □ Remove

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ecord specifiente 90th day a	es a delayed effect fter the record is f	ive date, but n îled.	ot an effective	e time, at 12:0	1 a.m.	on the e	earlier o
ed 07 of July	·	2017	•				
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	Signature	of a member or and	nerized representat	ive of a member			-

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Filing Fee: \$25.00