Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L16000152521

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INTERSTATE CARRIER SERVICE CORP
Account Number : I20160000043
Phone : (786)346-6290
Fax Number : (305)503-6979

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Interstatecarrierservice@yahoo.com

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16 AUG 29 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
A.C.R. TRUCKING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

2016 AUG 29 AM 9:57
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: A C R 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:

ALBERTO C RAMOS DE JESUS
Name of Person

A C R TRUCKING LLC
Firm/Company

919 DUSKIN DRIVE
Address

JACKSONVILLE FL 32216
City/State and Zip Code

INTERSTATECARRIERSERVICE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOURDES GARCIA at (786) 3466290
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the 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)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

A C R TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/15/2016 and assigned Florida document number L16000152521.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

919 DUSKIN DRIVE
JACKSONVILLE FL 32216

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

919 DUSKIN DRIVE
JACKSONVILLE FL 32216

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

Please Correct City only

JACKSONVILLE, **Florida** 32216
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

Title	Name	Address	Type of Action
AMBR	ALBERTO C RAMOS DE JESUS	919 DUSKIN DRIVE	☒ Add
		JACKSONVILLE FL 32216	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST 22, 2016.

Signature of a member or authorized representative of a member

ALBERTO C RAMOS DE JESUS

Typed or printed name of signer

Filing Fee: $25.00