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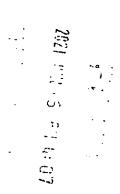
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COVER LETTER

TO:

	egistration Sec ivision of Corp			
414 LEN E E 1 Z 121	TIANO TR	UCKING LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	ed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspoi	ndence concerning this matter	to the following:	
		YIRENIA LOPEZ MART	INEZ	
			Name of Person	[·]
TIANO TRUCKING LLC				
			Firm/Company	· j
		6013 MORNAY DR		ن.
			Address	_
		TAMPA, FL 33615		ريا ما
			City/State and Zip Code	
		yiribema0704@gmail.com	to be used for future annual report not	theation)
For further	information co	oncerning this matter, please c	·	,
YIRENIA	LOPEZ MAR	TINEZ	813 475-2080	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	s a check for th	e 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)
R D P	lailing Address egistration S vivision of Co .O. Box 632 allahassee, F	ection orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee De Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIANO TRUCKING LLC

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

(A rionda Lii	nuted Liability Company)		
The Articles of Organization for this Limited Liability Com	npany were filed on 08/17/2016	and assigned	
Florida document number L16000153774			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
TIANO SERVICES LLC		-	
The new name must be distinguishable and contain the words "Linnted	Liability Company," the designation "LLC" or th	e abbreviation_"L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
		; -	
		• •	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
agent and/or the new registered office address here: Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	, Florida	la	
	Cuy	Zip Code	
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my duties, and La it as provided for in Chapter 605, F.S. (m familiar with and Or, if this document is	
I	f 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
····			□Add
			□Remove
			□Change
			⊡Change
			□Remove
			□Change
			□Change
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ote: If the date inserted in th	the date of filing: must be specific and cannot be pris block does not meet the appine Department of State's record	or to date of filing or more t licable statutory filing re	(optional) than 90 days after filing.) quirements, this date	Pursuant to 605,0207 (will not be listed as t
record specifies a delayed effo	ective date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
i is theu.				
JUNE 14	221			

Filing Fee: \$25.00

Typed or printed name of signee