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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corpor		•	•
SUBJECT:	A Name of Lim	Trucklin ited Liability Company	<u> 5</u>
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Rober	Name of Person	-Pupo
			
	747	Firm/Company Kings Co. Address	ve Ct
-	Orlan To be E-mail address: (1)	City/State and Zip Code Of USaL To be used for future annual report not	807 Rahotmail. Com
For further information conc	erning this matter, please ca	all:	
Roberto F	Perer-Pup	at (786 5 Area Code Daytin	37-533 ne Telephone Number
Enclosed is a check for the fo	ollowing amount:		
. /	□ \$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

2	IR Trucking	11	1-C		
(Name of the Limited (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)	_		
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on	9/8/	2016	and assi	gned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	ne limited liability company here:				
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	le:	tion "LLC" c	or the abbrevia	tion "L.I	C."
Enter new mailing address, if applicable:				180 T T T T T T T T T T T T T T T T T T T	
(Mailing address MAY BE A POST OFFICE BO	<u></u>		\$100 Age 4	. <u>~24.</u>	
				S	
B. If amending the registered agent and/or		records,	enter the	name (of the new
registered agent and/or the new registered offic	e address here:	•			
Name of New Registered Agent:			27	÷. ©	il united
New Registered Office Address:	Enter Florida str	ant addrags	Type		
	Emer Pioriaa Sir				
	City	, Flori		p 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 = Au	ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MgR	Roberto Perez-Pu	po 741 Kings Cove Ct Orlando 713280	_ 10 Add
		Orcando 713280	Remove
			Change
			Add
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f amending any other information, enter change(s) here: (Attach addit	·
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory filing or other in the date on the Department of State's records.	more than 90 days after filing.) Pursuant to 605.020
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier o
ated Sept 14 , 2016, //	7
10/hit-h1/	
77 200	
Signature of a member or authorized representative	ve of a member

Page 3 of 3

Filing Fee: \$25.00