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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CRICHTON MULLINGS & ASSOCIATES PA

Account Number: I20070000038 Phone : (954)862-2250

Fax Number : (954)862-2251

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DELFOSSE TRUCKING LLC

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2017 @CT -4

## **COVER LETTER**

Division of Cor	ction porations			
<b>ር</b> ሞ,	Delfosse	e Truckings LLC		
CI:	Name of Lim	ited Liability Company		
losed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
		- ·		
		Dawn Stimpson	<b>ਛ</b>	וארו
	<del></del>	Name of Person	8	72
	Cri	ichtonMullings & Associates PA	-	ACL KHASSEE, TLUMBE
		Firm/Company		1.43 1.43
	33:	50 SW 148th Avenue Suite 203		7
		Address	٠,0	, C
		Miramar, Florida 33027		•
		City/State and Zip Code		
		•		
	E-mail address: (	(to be used for future annual report notification)		
her information o	oncerning this matter, please ca	all:		
Dawn S	Stimpson	954 862 2250		
Nада о	f Person	Area Code Daytime Telephone Number		
d is a check for th	ne following amount:			
.00 Filing Pee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Cartified Copy		
Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		
	losed Articles of the correspondence of the	Delfoss  Name of Lin  Josed Articles of Amendment and fee(s) are substant all correspondence concerning this matter  Cr  adm  E-mail address:  Dawn Stimpson  Name of Person  d is a check for the following amount:  00 Filing Fee  \$30.00 Filing Fee & Certificate of Status	Delfosse Truckings LLC  Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  Pown Stimpson  Name of Person  Crichton/Mullings & Associates PA  Firm/Company  3350 SW 148th Avenue Suite 203  Address  Miramar, Florida 33027  City/State and Zip Code  admin-us@crichtonmullings.com  E-mail address: (to be used for future annual report notification)  ner information concerning this matter, please call:  Dawn Stimpson  Pawn Stimpson  Pawn Stimpson  1	Delfosse Truckings LLC

Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	elfosse Trucking LLC	
(Name of the Limited Liabili (A Florida	lity Company as it now appears on our records.)  la Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on September 28, 2016 and assigned	
Florida document number L16000181982		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ijted ljability company here:	
The new name must be distinguishable and contain the words "Lim	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	<b>-</b>
Enter new principal offices address, if applicable:	<b>ਰ</b>	ALC
(Principal office address MUST BE A STREET ADDI	RESS)	
		35.5
	<b>P</b>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the dress here:	new
Name of New Registered Agent:	Rosanne M Thomas	
New Registered Office Address:		_
	Enter Florida street address	
	, Florida	
	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

Oct. 4. 2016 11:46AM No. 0244 P. 4

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
MGR	Rosanne Thomas	18932 NW 27th Avenue Apt 311	□ Add
		Miami Gardens, FL 33056	□ Remove
			E Change
<del></del>			□ Add
		<del></del>	TALL AHA
			Character of A
			CT-mar AM 9: 40% CT - Character AM 9: 40% CT -
			☐ Change
			Remove
			Change
			□ Remove
			□ Change
			Add
			Remove
			□ Change

Oct. 4. 2016 11:46AM No. 024  D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	4 P.	5
	<u>.</u>	
		AHPSSI
		A PLO
		5
E. Effective date, if other than the date of filing:	unt to 605. It be liste	0207 (3)(b) d as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b) The 90th day after the record is filed.	e earlie	rof:
Dated Detaber 4, 2016,		
Signature of a member or authorized representative of a member	·	
Rosanne Thomas  Typed or printed name of signer		

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