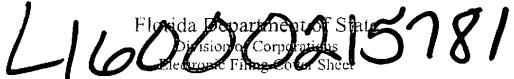
10/8/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H!80002925873)))



H180002925873AEC9

Note: DO NOT hit the REFRESH/RELOAD botton on your browser from this page. Doing so will generate another cover sheet.

To:

Page 2 of 6

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : 12004000007 : (305)640-0281 Phone Fax Number : (305)640-0282

\*\*Enter the email accires 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

UNITED TRUCK TRANSPORTATION, LLC

Controlled the property of the second	error (error error er anne et en et en er
Certificate of Status	0
Certified Copy	0
Page Count	10
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

O SIMAHONS OCT 1 7 2018

## **COVER LETTER**

TO:	Registration S Division of Co	ection rporations		
SHB IEC	UNITED 1	TRUCK TRANSPORTATION	, LLC	,
SOBJEC	-1; <u></u>	Name of Lir	nited Liability Company	·
The enclo	osed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please re	tum all corresp	ondence concerning this matter	to the following:	
		JOSEPHINA MARTINEZ	<i>!</i>	
			Name of Person	
		UNITED TRUCK TRANS	SPORTATION, LLC	
			Firm/Company	
		123 W 37TH ST		
			Address	
		HIALEAH, FL 33012		
		LAXMYC2001@YAHOO.	City/State and Zip Code COM	V
		E-mail address: (	to be used for future annual repor	t natification)
For further	er information c	oncerning this matter, please c		
LAXMY	CHACON		305 640-028	31
	Name o	f Person	at () 640-028	nytime Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	Registr	ING ADDRESS; ation Section n of Corporations	STREET/CO Registration S Division of Co	
	P.O. Be	ox 6327 assee, FL 32314	Clifton Buildir	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED TRUCK TRANSPORT	ATION, LLC	
(Name of the Lin	olted Liability Company us it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Florida document number L16000215781	Liability Company were filed on 11/28.	2016 and assigned
This amendment is submitted to amend the fo	flowing:	
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 design	
Enter new principal offices address, if appli	cable:	- ēs
(Principal office address MUST BE A STRE		9 -
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		- B
(Mailing address MAY BE A POST OFFICE BOX)		. 2
		<del>)-</del> <del>(</del> 5
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	ar records, enter the name of the ne
Name of New Registered Agent:	YOSMEL WASHINGTON	
New Registered Office Address:	F-1 241-22	
	Enser Florida .	street aaarest
	City	, Florida
	$\cdot$	wip com

## 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.

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

Title	Name	Address	Type of Action
MGR	JOSEPHINA MARTINEZ	123 W 37TH ST	
			□ Add
		HIALEAH, FL 33012	<b></b>
		<del></del>	■ Remove
			D Change
MGR	YOSMEL WASHINGTON	123 W 37TH ST	
·····			
		HIALEAH FL 33012	
			□ Remove
			☐ Cliange
		<u> </u>	Li Change
			Add
			Remove
			1 Change
			□ Add
			☐ Add
			□ Келюче
			☐ Change
		·	□ Remove
			Change
			<b>5</b> 3
			□ Remove
			Change

. . . . . .

If amending any other information, enter change(s) here: (Attach additional sho	cets, if necessary.)
	<del></del>
	,
	Ä
	9 77
10/092018	P
Effective date, if other than the date of filing:	(optional) ~
If an effective date is listed, the date must be specific and caunot be prior to date of filing or more than 9 Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	0 days after filing.) PursuadFto 605.02 ments, this date will not be listed a
he record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	: 12:01 a.m. on the earlier
Dated	
Signature of a member or authorized representative of a mem	bcr
JOSEPHINA MARTINEZ	
Typed or printed name of signee	<del> </del>

Page 3 of 3
Filing Fee: \$25.00