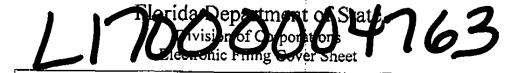
Page 1 of 2



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.

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

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC

Account Number : I20170000039 Phone : (407)301-2659 Fax Number : (407)846-0320

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DANI TRUCKING LLC

Certificate of Status Certified Copy Page Count Estimated Charge

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Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

COVER LETTER

	•	1 20	
TO: Registration Section Division of Corp.		* ##.	r ·
SUBJECT:	Dani Trucker		
	Name of Limited L	Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitte	d for filing.	
Please return all correspond	dence concerning this matter to the	e following:	
	Jose D.	Carmega Name of Person	Lebron
	<u>Dani</u>	Trucking LLE	<u></u>
	32.32	Koval Ct	
	Orlando	Address FC 3283	7
	Cit	ty/State and Zip Code	
	Famoi address (to be	used for future annual report notifical	tion)
For further information co-	neerning this matter, please call:	appe to tarare annual refere notiness	
Solve DC	armyga leban	47. 26/00	77
Name of I	Person	Area Code Duytime To	elephone Number
		:	
Enclosed is a check for the	following amount:	:	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (udditional 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

Dani Tru	cking 1	ند		
(Name of the Limited Lia (A Fig.	bility Company as it rids Limited Liability	now appears of	n our records.)	·
The Articles of Organization for this Limited Liability Florida document number		iled on	5 2017	and assigned
This amendment is submitted to amend the following	i.	·ol		
A. If amending name, enter the new name of the	imited liability co	mpany here	:	٠
DACAR Trucking				
The new name must be distinguishable and contain the words.	inited Liability Con	ipany," the desig	gnution "LLC" or the a	bbreviation "L-LIC."
Enter new principal offices address, if applicable:				369
(Principal office address MUST BE A STREET AD	DRESS)			
	<u></u> .			ang sange
				3 To 1
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ddress on o	ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida	street address	
	•		Mo≕do	
	C	ity :	, Florida	Zip Code
New Registered Agent's Signature, if changing Regist	ered 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

Page 1 of 3

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____ Change

MGR = N	lanager authorized Member	ω).	
Title	Name	Address	Type of Action
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ective date, if other than the date of a effective date is listed, the date must be specified. If the date inserted in this block does nument's effective date on the Departmen	not meet the applicable stati	O17 (o tiling or more than 90 days story filing requirements,	optional) ufter filing.) Pursuant to 605.020 , this date will not be listed a	07 (3 as th
record specifies a delayed effecti he 90th day after the record is fi	ve date, but not an eff led.	fective time, at 12:0	01 a.m. on the earlier (of:
- 1.0	2017			
and 5	~~~~~			

Page 3 of 3

Filing Fee: \$25.00