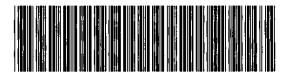
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## **COVER LETTER**

		stration Sect sion of Corp				
SUBJEC		21 DV TRUG	CKING LLC			
SUBJEC	J1; _		Name of Lin	nited Liability Company		
The encl	osed .	Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please re	eturn a	ill correspond	dence concerning this matter	to the following:		
			ACHILLES FERREIRAS	<b>;</b>	٠	,
			<del>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del>	Name of Person	,	<u>.</u>
			21 DV TRUCKING LLC			
				Firm/Company		_
			1710 WOOD PATH			
			,	_		
			AUBURNDALE, FL. 338	323		
				City/State and Zip Code		-
		pesleon@gmail.com				
			E-mail address: (	to be used for future annual re	port notification)	
For furth	er inf	ormation con	cerning this matter, please c	all:		
ACHILL	LES F	ERREIRAS		201 364- at ()	1354	
		Name of P	'erson '	Area Code	Daytime Telephone Number	r
Enclosed	lisao	check for the	following amount:			
\$25.0	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	ite of Status &

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

21 DV TRUCKING LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on 01/09/2017 and assigned
This amendment is submitted to amend the following:	
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 I Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 1025 AUBURNDALE, FL. 33823
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the ne here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	•

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.

City

If Changing Registered Agent, Signature of New Registered Agent T

Florida

Zip Code

Page 1 of 3

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>	Name	Address	Type of Action
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			☐ Change
			Add
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Effective date, if other than the date of filing:  If an effective date, if other than the date of filing:  If an effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 ( Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as of document's effective date on the Department of State's records.  The 90th day after the record is filled.  Dated APRIL 24  2017  ACHILLES FERREIRAS  Typed or printed name of signce  Typed or printed name of signce  Page 3 of 3						
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		Signature of	a member or authorized representative of	a member		<u>*</u> * 71
	ACHILLES FERR	EIRAS			HASS A	·
			Typed or printed name of signee		( / / )	¥ 0.
			Page 3 of 3			5

Filing Fee: \$25.00