L170000166619

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J. HARRIS

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CI.	ID IEÆT.				
SU	BJECT:			ited Liability Company	
Th	ne enclose	ed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Ple	ease retur	n all correspo	ndence concerning this matter	to the following:	
			PAULO FACTOR		
				are submitted for filing. matter to the following: Name of Person SS LLC Firm/Company BLOSSOM TRAIL SUITE 600 Address 2809 - US City/State and Zip Code TYTAX.COM ddress: (to be used for future annual report notification) please call: 407 888 4747 at (
		TRUCKAR USA LLC Name of Limited Liability Company			
	•			Firm/Company	
			Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. BATETY BUSINESS LLC Firm/Company 6220 S O RANGE BLOSSOM TRAIL SUITE 600 Address ORLANDO, FL 32809 - US City/State and Zip Code SUPPORT@SAFETYTAX.COM E-mail address: (to be used for future annual report notification) Formation concerning this matter, please call: TOR 407 Name of Person Area Code Daytime Telephone Number Check for the following amount: ing Fee Certificate of Status Certificate Copy (additional copy is enclosed)		
			<u> </u>	Address	
			ORLANDO, FL 32809 - U	rs	
				City/State and Zip Code	
				Name of Limited Liability Company diment and fee(s) are submitted for filing. e concerning this matter to the following: NULO FACTOR Name of Person AFETY BUSINESS LLC Firm/Company 20 S O RANGE BLOSSOM TRAIL SUITE 600 Address RLANDO, FL 32809 - US City/State and Zip Code PPORT@SAFETYTAX.COM E-mail address: (to be used for future annual report notification) ing this matter, please call: 407 Area Code B88 4747 Daytime Telephone Number Dowing amount: \$30.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)	
			E-mail address: (t	to be used for future annual report notifi	cation)
Fo	r further	information c	oncerning this matter, please ca	di:	
P	AULO FA	ACTOR			
		Name o	f Person	Area Code Daytime	Telephone Number
Er	iclosed is	a check for th	ne following amount:		
	\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

TRUCKAR USA LLC		
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	'ds.)
The Articles of Organization for this Limited Liability Florida document number L17000016619	Company were filed on 01/20/2017	and assigned
	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LL	
Enter new principal offices address, if applicable:		A 50 11 11 11 11 11 11 11 11 11 11 11 11 11
(Principal office address MUST BE A STREET ADD	DRESS)	
		SA F
		2 € 3 1 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
D IC	:	la catou the nome of the news
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
	, F	lorida Zip Code
	City City	z.p couc

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARCO ANTONIO CHACON	2980 CAMINO REAL DR S	
		KISSIMMEE,FL 34744	□ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
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			ASS CHARGE THE AREA AT
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ument's effective date on	the Department	of State's records	s.			
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