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(Requestor's Name)
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JUL 1 9 2019

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: TRUC	KAR USA LL(Name of Lim	1 ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Picase return all correspo	ondence concerning this matter	to the following:	
	Joan Vito (Yarvalho Tauns Name of Person	sano
	TRUCKAR US	5A Firm/Company	
	2413 W. C	Colonial Dave	
	Orlando,	FL 329 C4 City/State and Zip Code	
	TRUCKARU (E-mail address: (I	SACGMAIL. C to be used for future annual report notifi	DM cation)
for further information e	oncerning this matter, please ea	all:	
JOQO VHO (Parval to Taur	SanOat (407) 520 - Area Code Daytime	2308 Telephone Number
Enclosed is a check for th	ne following amount:		
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

TO

ARTICLES OF ORGANIZATION OF

TRUCKAR 1)SA LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
	- 1/- 1	
The Articles of Organization for this Limited Liability Company	were filed on 01/20/2017	a nd a ssigned
Florida document number <u>L170 000 16619</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2413 W. Colonia	1 Drive
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL	32804
	<u> </u>	
Enter new mailing address, if applicable:	2413 W. Colonia	1 Drive
(Mailing address MAY BE A POST OFFICE BOX)	Orlando FL 3:	2804
	<i>,</i>	
B. If amending the registered agent and/or registered of		er the name of the
registered agent and/or the new registered office address her	<u>c</u> :	
Nicora a CNI con Discription of Assessed		
Name of New Registered Agent:		
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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tauris Ventures LC	15119 White Wagtail Lane.	
		15119 White Magtail Lane. Winter Garden, FL 34787	Remove
			Change
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f an effective date is <u>Note:</u> If the date	Tother than the date of the listed, the date must be specific inserted in this block does to live date on the Department	ic and cannot be prior t not meet the applica	o date of filing or more tha		
	ifies a delayed effection if it is filed in a filed in		an effective time,	at 12:01 a.m. on the	earlier
rated <u>July</u>	12 11	2019	_ ·		
	Pall A	1 a			
_	Marie Signature	of a member or author	rized representative of a m	ember	

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Filing Fee: \$25.00