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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: West-Coast Demotition; LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sahidy lata.
West-Coast Demolition. LLC.
4023 SE 114 PL. Address
Cape Coral, F1, 33904. City/State and Zip Code Sahidy 79 @ Yahoo. e3 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sahidy Mata. at (786) 715-3302. Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee Certificate of Status □ \$55,00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee. 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

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>21700056466</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: West-Coast Trucking Services, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member							
<u>Title</u>	<u>Name</u>	Address	Type of Action				
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If an effective on Note: If the	ate, if other the date is listed, the date inserted in effective date o	date must be spec this block doe	itic and canno s not meet th	ie applicable	ate of filing or a	nore than 90 day	(optional) s after filing.) P s, this date wi	ursuant to 605.0207 Il not be listed as
ne record s The 90th	specifies a d day after tl	elayed effec ne record is	tive date, filed.	but pot a	n effective	time, at 12:	01 a.m. on	the earlier of
Dated <u>Ď I</u>	01/2018			X _a	<u> </u>			
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Page 3 of 3

Filing Fee: \$25.00