117000121642

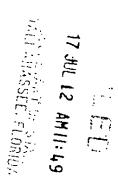
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700301046017

07/17/17--7/16/15-521 **(7.7/



COVER LETTER

TO:				
CIIDI		n Truck LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
	Name of Person Area Code Daytime Telephone Number at () Area Code Daytime Telephone Number and is a check for the following amount:			
			Name of Person	Pitry/State and Zip Code Sused for future annual report notification) at (
			Firm/Company	
		7270 NW 12 St. Suite 600		
			Address	
		Miami, Fl 33126		
			City/State and Zip Code	
				
		E-mail address: (to be used for future annual report	notification)
For fu	rther information co	oncerning this matter, please ca	all:	
Jesus	Uriarte	Same of Person		
	Name of	f Person		ytime Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ Si	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

MIGHT	TY LION TRUCK LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) amited Liability Company)			
The Articles of Organization for this Limited Liability Con	mpany were filed on 06/02/2017	and assigne	ed.	
Florida document number L17000121642				
This amendment is submitted to amend the following:				
A. If amending name, gater the new name of the limits	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the at	obreviation "L.I.C.		
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRE	<u> </u>			
	· · · · · · · · · · · · · · · · · · ·			
Western and the second		产品	17	
Enter new mailing address, if applicable:			=	
(Mailing address MAY BE A POST OFFICE BOX)		y Company," the designation "LLC" or the abbreviation "LLC."		
		တ	2	٠,
	-		A	إحداد
B. If amending the registered agent and/or registe	red office address on our records, enter	the name of	the ne	, W
registered agent and/or the new registered office addre	as here:		••	٦
		333	61	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
<u></u>	City	7in 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 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

Title	Name	<u>Address</u>	Type of Action
MGR	Marietta Del Rey	2375 W. 74 St #101	
		Hialeah, Fl 33016	E Remove
			Change
AMBR	Daniel Pino	2375 W. 74 St #101	
		Hinlenh, Fl 33016	■ Remove
			Change
AMBR	Marietta Del Rey	2375 W. 74 St#101	Add
		Hialcah, FI 33016	☐ Remove
			☐ Change
MGR	Daniel Pino	2375 W. 74 St #101	
		Hialeah, Fl 33016	Remove
			□ Clunge
			Dådd 7
			JUL 12 AM II: 49
			☐ Remove

_		_	
_		_	
_			
_		_	
			
		_	
		_	
_		_	
_		<u></u>	
_		7 m. 2 m.	7 :
		14.5 14.5 14.5 14.5 14.5 14.5 14.5 14.5	
			C
_	:	· 5	*
_		, =	3
_		64	•
li an office <u>Note:</u> [i	the date, if other than the date of filing:	605.0207 () listed as d	3)(b) nc
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea Noth day after the record is filed.	rller of:	
ne reco	ENLINAVALISK IND POPOM IS NIGH		
ne reco The 9	Con Ci		
The 9	7/10/12 (2)		
The 9	7/10/17 (1)		
The 9	7/10/12		
he reco The 9 Dated _	7/10/17 Dignature of a member or authorized representative of a member	-	

Page 3 of 3

Filing Fee: \$25.00