L17000127075

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
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	(Business Entity Name)
	(Document Number)
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COVER LETTER

	gistration Section Section of Corp						
CUD IECT.		nt Trucking LLC					
SUBJECT		Name of Lim	ited Liability Company				
The enclose	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please retur	m all correspo	ndence concerning this matter	to the following:				
		Giselle Rodriguez-Lugo					
			Name of Person				
		Day & Night Trucking LL0	С				
			Firm/Company				
3115 Houndsworth Ct Apt 415 Address							
			Address				
		Orlando, FL 32837					
		City/State and Zip Code					
		gisy.isaac@gmail.com					
For further	information co	n-mail address: (to oncerning this matter, please ca	o be used for future annual reporall:	rt notification)	2311		
Giselle Rod	lriguez		978 427-586	68 (2.1)	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Name of	Person	Area Code D	aytime Telephone Number	, <u>,,,</u>		
				-			
Enclosed is	a check for th	e following amount:			w ===		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certified (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

any as it now appears on our Liability Company)	records.	
y were filed on 06/09/2013	7 and assigned	
bility company here:		
oility Company," the designation	on "LLC" or the abbreviation "L.L.C."	
3115 HOUNDSWORTH CT APT 415		
ble: STIS HOOKIDS WORTH CT ALL TIS ORLANDO FL 32837		
3115 HOUNDSWORT	H CT APT 415	
ORLANDO FL 32837		
office address on our i	records, enter the name of th	
	•	
OSWORTH CT APT 415		
SWORTH CT APT 415 Enter Florida stree	<i>5</i> – •	
	et address 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	bility company here: oility Company," the designation of the designat	

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 Title <u>Name</u> <u>Address</u> Type of Action BENNY RODRIGUEZ-LUNA MGR 3115 HOUNDSWORTH CT **■** Add ORLANDO FL 32837 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove <u>·</u>□ Change --> ___□ A'dd [‡] Remove □ Change _□ Add □ Remove ☐ Change

<u> </u>		
		
	 .	
		(optional) - = -
effective date is listed, the date must	late of filing:	ng or more than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in this blo	ck does not meet the applicable statutor	y filing requirements, this date will not be listed
ament's effective date on the De	pariment of State's records.	· · · · · · · · · · · · · · · · · · ·
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record specifies a delayed he 90th day after the reco	effective date, but not an effected is filed.	tive time, at 12:01 a.m. on the earlier
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OCTOBER 05	2017	• •
ed	··	
Ju	il rating	
	Signature of a member or authorized represe	ntative of a member

Page 3 of 3

Filing Fee: \$25.00