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S. WARREN DEC 27 2017

COVER LETTER

то:	Registration Se Division of Cor			-
CL:DII		GO TRANSPORT LLC		•
SUBJE	SCI:	Name of Lim	ited Liability Company	<u> </u>
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		PERMITTING DEPARTM	иENT	
			Name of Person	
		EXTREME QUALITY GE	ROUP INC	Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy
			Firm/Company	
		780 THORPE RD. STE 2		
			Address	 -
		ORLANDO FL 32824		
			City/State and Zip Code	
		EXTREMEQUALITYGRO		<u> </u>
		E-mail address: ()	to be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
PERM	IITTING DEPART	TMENT	407 9852417 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate 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

TRUCK N GO TRANSPORT LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iy as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company value of Organization for this Limited Liability Company value.	were filed on 06/14/2017 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
he new name must be distinguishable and contain the words "Lamited Liabilit	ity Company," the designation "LLC" or the abbreviation "L.L.C."
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)	
· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agreen provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office are company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
AMBR	Hermilio Eutinio Arizmendi	3325 Oakwood Dr	Add
		Wesley Chapel, FL 33543	= Remove
			Change
AMBR	Rafael Antonio Irizarry	210 Third St S	
		Brandon, FL 33511	☐ Remove
			□ Change
			Add
			Remove
			Change
			
			□ Remove
			Change
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			₩ move
			Change

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	10/30/17	
ective date, if other than the date of effective date is listed, the date must be speci	ific and cannot be prior to date of filing or more than 90 days	(optional) s after filing.) Pursuant to 605.01
te: If the date inserted in this block does ument's effective date on the Departmer	s not meet the applicable statutory filing requirements nt of State's records.	s, this date will not be listed
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record specifies a delayed effect	tive date, but not an effective time, at 12:	01 a.m. on the earlier
he 90th day after the record is f	filed.	
October 30	2017	
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	e of a member or authorized representative of a member	<u> </u>
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Filing Fee: \$25.00