Elorida Department of Sta

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCK SOLUTION CORP.

Account Number : I20140000081

Phone

(786)703-6704

Fax Number

: (786)703-7166

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POWERHOUSE TRANSPORTATION, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	d Linbility Company as it now app (A Florida Limited Liability Compan	nears on our records.) y)			
The Articles of Organization for this Limited Li Florida document number <u>L17000143576</u>	ability Company were filed on	08/07/2017	aı	nd assig	gned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name o	the limited liability compan	y here:			
The new name must be distinguishable and contain the w	ords "Limited Liability Company." t	he designation "LLC" or the	e abbreviat		C."
Enter new principal offices address, if applic	able:		3. U	1193	
Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>	AUG I	Acres Acres
			:/) 	17. 17.	3715
Enter new malling address, if applicable:	-		<u>.5.</u>	<u> </u>	
Mailing address MAY BE A POST OFFICE	<u>BON)</u>		TO THE	5	.
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address	s on our records, <u>en</u>	ter the	name	of the
Name of New Registered Agent:	ROLANDO VAZQUEZ				
New Registered Office Address:	7715 NW 48 ST #385				
	Ente	r Florida street address			
	DORAL		33166	_	
	City	·	7.	p 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 Apart, Signature of New Registered Agent

Page 1 of 3

Aug. 14. 2017 4:26PM YS Carrier Services No. 9293 P. 3

If amending Authorized Person(s) are rized to manage, enter the title, name, an idress of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	DAYVER SIERRA	7715 NW 48 ST #385	Add
		DORAL FL 33166	■ Remove
			□ Change
P ————	ROLANDO VAZQUEZ	7715 NW 48 ST #385	= Add
		DORAL FL 33166	Remove
			Change
			☐ Remove
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		··	D.bbA □
			□ Remove
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			Change

nending any other intoth	natio nter change(s) here: (Attach additiona	at sm - ij necessary.j	
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fective date, if other than	08/07/2017	(optional)	
n effective date is listed, the date	the date of filing: must be specific and cannot be prior to date of filing or mo s block does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to	605.0
cument's effective date on th	e Department of State's records.	; 	,
record specifies a dela The 90th day after the	yed effective date, but not an effective ti record is filed.	ime, at 12:01 a.m. on the e	arlie
AUGUST 7	2017		
ited			
			2#17
 -	Signature of a member or authorized representative	of a member	ALIG
DAYVER SIERRA		ジュー	<u> </u>

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