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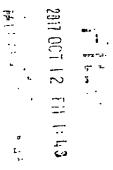
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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of HARRIE

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	2N TRUCK	GNG GROUP LLC		
Sobst.c1.		Name of Lim	ited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Hanna Werede		
			Name of Person	
		2N TRUCKING GROUP	LLC	
			Firm/Company	
		4687 Karsten Creek Dr.		
			Address	
		Orange Park FL 32065		
			City/State and Zip Code	
		hani2115@icloud.com	to be used for future annual report notifi	
				cation)
For further in	iformation c	oncerning this matter, please co	all:	
Hanna Were	ede	660 909-9007 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number
Englosed is:	abook for th	ne following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

2N TRUCKING GROUP LLC			_	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny a <u>s it now appears on our records.</u>) Liability Company)	ı		
he Articles of Organization for this Limited Liability Company	were filed on State of Florida	and	l assigne	ed
lorida document number £17000151586				
his amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liab	ility company here:			
ate Import and Export Agency LLC				
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviatio	n "L.L.C.	
nter new principal offices address, if applicable:	4687 Karsten Creek Dr.			
Principal office address MUST BE A STREET ADDRESS)	Orange Park FL 32065	2	2017	
		•.	_ <u>_</u>	<u></u>
				\$7 E -
nter new mailing address, if applicable:		•	2	:
failing address MAY BE A POST OFFICE BOX)				
juding uduress PIAT DE ATOST OFFICE DOM		٠.		<u> </u>
			.Ç\c	
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		enter the na		the
Name of New Registered Agent:			-	
New Registered Office Address:	Enter Florida street address			_
	P1	dds.		
	Flor	ida	ode	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Samson Lemma		
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			Change
			Remove
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an effective date is listore: If the date insocument's effective effective record specific	erted in this block does date on the Department	ific and cannot be prior to date of filing or more than 9 is not meet the applicable statutory filing require nt of State's records.	ments, this date will not b	e listed a	S 1
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		Typed or printed name of signee			
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Filing Fee: \$25.00