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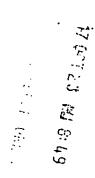
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			
erma				
SUBJ.	EC1:		nited Liability Company	
Division of Corporations STALLION TRAILERS, LLC Name of Limited Liability Company The enclosed Articles of Amendment and feefs) are submitted for filing. Please return all correspondence concerning this matter to the following: EDDY R GONZALEZ				
Please	return all correspo	indence concerning this matter	to the following:	
		EDDY R GONZALEZ		
			Name of Person	·····
			Firm/Company	
		3377 TARA ST		
			Address	
		DELTONA, FL 32738		
			City/State and Zip Code	
			-	
		E-mail address: (to be used for future annual report notifi-	cation)
For fur	rther information c	oncerning this matter, please co	all:	
EDDY	' R GONZALEZ		407 219-7526 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		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

STALLION TRAILERS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on SEPTEMBER 1, 2017	and assigned
Florida document number L17000187316		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		444
(Principal office address MUST BE A STREET ADDRESS	2	<u> </u>
	: 	I
		Çsi.
Enter new mailing address, if applicable:	(- 	n.f.
(Mailing address MAY BE A POST OFFICE BOX)		က္
wanting address more many		6
B. If amending the registered agent and/or registered registered agent and/or the new registered office address leaders of New Registered Agent:		he name of the
	1.	
New Registered Office Address:	Enter Florida street address	
	Florida	
	, Florida	Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ARTURO GONZALEZ	3377 TARA ST	
		DELTONA, FL 32738	■ Remove
			Change
MGR	EDDY R GONZALEZ	3377 TARA ST	
		DELTONA, FL 32738	□ Remove
			☐ Remove
		****	☐ Change
			Add÷
			Change
			□ Remove
			☐ Change
			Add
			Remove
			□ Change

		
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ective date, if other than the date of filing:	7(optiona	n
reffective date is listed, the date must be specific and cannot be price	or to date of filing or more than 90 days after filing	ig.) Pursuant to 605,020
te: If the date inserted in this block does not meet the applicument's effective date on the Department of State's record.	cable statutory filing requirements, this da	te will not be listed a
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record specifies a delayed effective date, but n	ot an effective time, at 13:01 a m	on the earlier
The 90th day after the record is filed.	or an enective time, at 12.01 a.m	. On the earner t
OCTOBER 20, 2017		
	·	
(>>4)		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00