

12/1/2017

From Larson Accounting 1.321.888.4919 Fri Dec 01 14:33:30 2017 MST Page 1 of 5  
Division of Corporations

**Florida Department of State**  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H170003155143)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : 120160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

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

Email Address: support@larsonacc.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**ADAO TRUCK LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ADAO TRUCK LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLINE LARSON

\_\_\_\_\_  
Name of Person

LARSON ACCOUNTING AND CONSULTING SERVICES LLC

\_\_\_\_\_  
Firm/Company

7901 KINGSPORTE PKWY STE 17

\_\_\_\_\_  
Address

ORLANDO, FL 32819

\_\_\_\_\_  
City/State and Zip Code

consulting@larsonacc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE LARSON

\_\_\_\_\_  
Name of Person

407

at (\_\_\_\_\_) Area Code

3703686

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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:**  
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

FILED  
DEC 1 14:33:30  
TALLAHASSEE, FL  
A

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ADAO TRUCK LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/30/2017 and assigned  
Florida document number L17000245647.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

Zip 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, 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>            | <u>Type of Action</u>                      |
|--------------|------------------|---------------------------|--|
| AMBR         | LARSON, CAROLINE | 6527 SAN FRANCISCO WAY    | <input type="checkbox"/> Add               |
|              |                  | WINDERMERE, FL 34786      | <input checked="" type="checkbox"/> Remove |
|              |                  |                           | <input type="checkbox"/> Change            |
| AMBR         | ADAO FLORIDA LLC | 18851 NE 29TH AVE STE 710 | <input checked="" type="checkbox"/> Add    |
|              |                  | AVENTURA, FL 33180        | <input type="checkbox"/> Remove            |
|              |                  |                           | <input type="checkbox"/> Change            |
|              |                  |                           | <input type="checkbox"/> Add               |
|              |                  |                           | <input type="checkbox"/> Remove            |
|              |                  |                           | <input type="checkbox"/> Change            |
|              |                  |                           | <input type="checkbox"/> Add               |
|              |                  |                           | <input type="checkbox"/> Remove            |
|              |                  |                           | <input type="checkbox"/> Change            |
|              |                  |                           | <input type="checkbox"/> Add               |
|              |                  |                           | <input type="checkbox"/> Remove            |
|              |                  |                           | <input type="checkbox"/> Change            |
|              |                  |                           | <input type="checkbox"/> Add               |
|              |                  |                           | <input type="checkbox"/> Remove            |
|              |                  |                           | <input type="checkbox"/> Change            |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

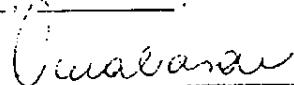
N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated DECEMBER 1st 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

CAROLINE LARSON

\_\_\_\_\_  
Typed or printed name of signer