117000254544

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	/AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration S Division of Co			
41 F 1 F 1 F 1 F 1 C 1 C 1 C 1 C 1 C 1 C	UCK. LLC		
SUBJECT:	Name of Lin	sited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Andrea Hollingsworth		
		Name of Person	·
	Viglione Accounting Cor	р	
		Firm Company	
	7061 S Tamiami Trl, sui	te 204	
		Address	
	Sarasota, FL 34231		
		City/State and Zip Code	
	aviglione@me.com	to be used for future annual rep	ort notification)
For further information	concerning this matter, please c		
Andrea Hollingsworth		941 465-7	867
Name	of Person	at ()Area Code	Daytime Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi	ANG ADDRESS: tration Section on of Corporations Box 6327	Registration	Corporations

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVANTRUCK, LLC		
(Name of the Lim	ited Liability Company as it now apports (A Florida Limited Liability Company)	ears on our records.)
The Articles of Organization for this Limited :	Liability Company were filed on	12-13-2017 and assigned
Florida document number L17000254544	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
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 appli	cable:	8 14 SE
(Principal office address MUST BE A STRE	ET ADDRESS)	JUL 20
Enter new mailing address, if applicable:		AM 8:
(Mailing address MAY BE A POST OFFICE	EBOX)	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	Leszek B Krolikiewicz	
New Registered Office Address:	7314 Mauna Loa Blvd	
	Enter F	lorida street address
	Sarasota	Florida ³⁴²⁴¹
	City	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, 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
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an effective date is listed, the date m	ne date of filing: ust be specific and cannot be prior to date of filip plock does not meet the applicable statutor Department of State's records.	ng or more than 90 days after filing.) Pursuant	to 605.020 e listed as
e record specifies a delaye The 90th day after the re	ed effective date, but not an effec cord is filed.	tive time, at 12:01 a.m. on the ϵ	earlier o
July 17	2018		
	Signature of a member or authorized represe	entative of a member	

Page 3 of 3

Filing Fee: \$25.00