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(Re	equestor's Name)	
(Ac	ddress)	·- <u>-</u>
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(Ci	ty/State/Zip/Phone	#)
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Certified Copies	Certificates	of Status
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COVER LETTER

Registration Section
Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT:		TRUCK STOP 75 LLC	
30b3EC1.	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	-	
	SA	RDORBEK ISAMETDINOV	
		Name of Person	
		TRUCK STOP 75 LLC	
		Firm/Company	
	4302	W BROWARD BLVD SUITE 500	
		Address	
	F	LANTATION, FL 33317	
	E-mail address: (City/State and Zip Code ALRX 30530 to be used for future annual report notif	3 @ giment com
For further information co	oncerning this matter, please c		
Sardorbek Isametdinov		305 303 9071	
Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for th	e 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)
	NG ADDRESS:	STREET/COURII Registration Section	

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUCK STO	OP 75 LLC	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp.	any were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	0	ي آلاار او
		台
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		- 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I	d office address on our records, enter here:	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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>	Address	Type of Action
CFO	Sardorbek Isametdinov	4302 W BROWARD BLVD	DAdd
		SUITE 500	Remove
		PLANTATION, FL 33317	□ Change
<u>·</u>			Add
			□ Remove
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li (fan	tive date, if other than the date of filing: (optional)	
lf an ei <u>Note:</u>	ffective date, if other than the date of filing:	nt to 605,020 be listed a
ne re The	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier o
Dated	06/29/2018	
	Post	
	Signature of a member or authorized representative of a member	
	Sardorbek Isametdinov	
	Typed or printed name of signee	

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Filing Fee: \$25.00