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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration S Division of Co			
	GA TRUCKING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JUAN ENRIQUE JULIA		
Ţ		Name of Person	
	SARATOGA TRUCKINO	i, LLC	
		Firm/Company	
	103 SUFFOLK DR		
		Address	
	ROYAL PALM BEACH	FL,33411	
		City/State and Zip Code	
	enriquejulia60@gmail.com		
For further information (E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	ncation)
ENRIQUE JULIA		561 202-5977	
Name (of Person		e Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing For	\$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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. B	30x 6327	Clifton Building	
Tallah	assee, FL 32314	2661 Executive Ce Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SARATOGA TRUCKING, LEC			<u> </u>
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited I	Liability Compa	ny were filed on <u>02/09/2018</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending pame, <u>enter the new name</u>	of the limited li	ability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	SECF ALL
Principal office address MUST BE A STRE	ET ADDRESS)		83 7H X
			SSE SSE
Ì			PH SFE
Enter new mailing address, if applicable:		N/A	7:0 RI
Mailing address MAY BE A POST OFFICE	E BOX)		G Gm
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the no
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	Enter Electrica and all	
1		Enter Florida street address	
1		, Flori	da
			ар сни

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 **Type of Action** <u>Title</u> Name **Address** MGR AMBR JUAN ENRIQUE JULIA 103 SUFFOLK DR RPB FL 33411 **■** Add ☐ Remove _ Change □ Add ☐ Remove □ Change □ Add ☐ Remove □ Change □ Add □ Remove ☐ Change □ ∧dd ☐ Remove ☐ Change

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If an cf <u>Note:</u>	ive date if other than the date of filing:	Pursuant to 605.0207 / /ill not be listed as t
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	n the earlier of
Dated	FEBRUARY 20TH 2018	
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	Signature of a member or authorized representative of a member	
	JUAN ENRIQUE JULIA	

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Filing Fee: \$25.00