118000061016

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER JUL 25 2018

COVER LETTER

TO:	Registration Sec Division of Corp			•
K110 11		TRUCKIN G L LC		
SUBJI	,C1:	Name of Lam	ited Liability Company	1000
The en	closed Articles of ?	Amendment and feets) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Rigoberto Fernandez		
			Name of Person	
			Firm/Company	
		7837 CHEDISTON CIR		
			Address	
		ORLANDO, FL 32817		
			Cny/State and Zip Code	
		E-mail address; (to be used for future annual report notif	fication)
l or tui	ther information co	neerning this matter, please co	dt:	
Rigob	erto Fernandez	P.u. an	at () Area Code — Daviim	a Talankana Mumbay
	Name of	Terson	Area Code Dayinu	e receptone rounise:
Lucios	ed is a cheek for the	e following amount:		
■ 32	5.00 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 Taffahassee, 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

5 QUEEN TRUCKING LLC		
(<u>Name of the Limited Liability Comp</u> (A Fiorida Limited	any as it now appears on our records.) Lability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number L18000061016 .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	sility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		TO STATE
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		9
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida_	Zip Code
	Cuy	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>	Type of Action
MGR	Keyla Rosado	7837 CHEDISTON CIR	= Add
		Orlando FI 32817	□ Remove
			Change
MGR	Rigoberto Fernandez	7837 CHEDISTON CIR	
		Orlando FI 32817	Remove
			∃ Change
			Remove
			Change
-—-			
			□ Remove
			Change
			Add
			Remove
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-			Add
			☐ Remove
			Change

Thanks			
			
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If the date inserted in this	the date of filing: 107/13/2018	date of filing or more than 90 days a	otional) Her filing.) Pursuant to 605 this date will not be list
cord specifies a delay 2 90th day aftor the r	ed effective date, but not a ecord is filed.	in effective time, at 12:0	1 a.m. on the earli
07/13	By B. A. In	xxx 5	
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Page 3 of 3

Filing Fee: \$25.00