## 118000042259

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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT:	ALK The Blu	e Trucking Lited Liability Company	4
	Name of Limi	ted Clability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Rol	hert J. Contese Name of Person	
		Name of Person	<del>- • • • • • • • • • • • • • • • • • • •</del>
	BACI	K The Blue Truck	King LLC
		Firm/Company	
	7120 OK	echobee Blud. A	1pt. 5102
		Address	
	West Palm	Beach F1 33' City/State and Zip Code	411
		City/State and Zip Code	
-	F-mail address: (to	76 Yahoo • Com	etion
For further information conc	eerning this matter, please cal	•	ationy
Robert J.	Cortese	at ( <u>561)</u> 232 Area Code Daytime	.5661
Maine Of Fe	15011	Alea Code Daytime	гегерионе гланцост
Englaced is a shoot for the	allouing amount		
Enclosed is a check for the f	-		
\$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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	F/LED
	18 OCT 26 AH 4:30
<u>i.</u> )	TALT STANDOLE FLURING

BACK The Blue To Name of the Limited Liability Compa (A Florida Limited I	Trucking ILL FALL TALL TALL TALL TALL TALL TALL TA
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1800062259</u> .	7/2/200
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "L.L.C."  7/20 OKcechobee Blvd. Apt. 5/02  West Palm Beach A 334//
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7120 OKeechobee Blod. Apt. 5102 West Pahn Brach FL 33411
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, enter the name of the new
Name of New Registered Agent:	Okeechobee Blud Apt. 5102
New Registered Office Address: 7120	OKeechobee Blvd Apt. 5/02

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

West Palm Beach, Florida 33411
City Zip Code

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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
Mgr_	Robert J Cortese	7120 OKcechobie Blid	<b>M</b> Add
		Apt. 5102 West Palm Beach FL 33411	Remove
		West Palm Beach FL 33411	□ Change
			□ Add
			Remove
			Change
			Add  Remover  Change II
			Add Remove
			_ 🗖 Change

	Remove
	Change
 	□ Add
	Romove[]
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	□ Remove
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	Remove
	Change
	Remove

1 411101	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffectiv	ve date, if other than the date of filing: Oct. 22, 2018 (optional)
an effe	ctive 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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocume	nt's effective date on the Department of State's records.
	and enocifies a delayed effective data, but mak as effective time, at 10.01 and as a line of
The S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	Oct. 22, 2018.
	The form
	Signature of a member or authorized representative of a member
	Aobert J. Contese  Typed or printed name of signce
	MOBERT V. CONTESE

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Filing Fee: \$25.00