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SECRETARY OF JANIONS
DIVISION OF CORPORATIONS

N COOPER MAY 2 2 2018

COVER LETTER

TO:	Registration Se Division of Cor		•	
CLID IE	mar.			
SUBJEC	21: <u> </u>	Name of Lim	ited Liability Company	
		ALEXANDER CRUZ TO	RRES	
		TRUCKING.LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: ALEXANDER CRUZ TORRES Name of Person Pifmt/Company 257 CAMILLIAN LN UNIT.B Address PORT CHARLOTTE, FL 33954 City/State and Zip Code ALEXANDERCRUZTORRES281@GMAIL.COM E-mail address: (to be used for future annual report notification) in concerning this matter, please call: Z TORRES at (
			Firm/Company	
		257 CAMILLIAN LN UN	HT.B	
		PORT CHARLOTTE, FL		
		E-mail address: (to be used for future annual report notifi	ication)
For furth	er information co	oncerning this matter, please ca	ıll:	
ALEXANDER CRUZ TORRES				
	Name of	f Person	Area Code Daytine	Telephone Number
Enclosed	d is a check for th	ne following amount:		
\$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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 TO ARTICLES OF ORGANIZATION OF

ACT23 TRUCKING,LLC		
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/07/2018	and assigned
Florida document number L18000114476		
his 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	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		SELA SE
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inter new mailing address, if applicable:		ARY CONTRACT
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	78 X OF
		RAID RAID
		NON:
 If amending the registered agent and/or registered of registered agent and/or the new registered office address here 		ter the name of the ne
	<u>-</u> -	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	I
	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
MNG	ALEXANDER CRUZ TORRES	257 Camillia In,Unit.B,Port Charlot	⊞ Add
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ffective date, if other than th	ie date of filing:		(opti	onal)	
an effective date is listed, the date m lote: If the date inserted in this occument's effective date on the	ust be specific and cann block does not meet t	the applicable statuto	ing or more than 90 days after	tiling.) Pursuant to 60	
e record specifies a delaye The 90th day after the re		, but not an effec	ctive time, at 12:01 a	a.m. on the earl	lier (
ated	20	018			
	<u> </u>				

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Typed or printed name of signee

Filing Fee: \$25.00