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Our grows

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: B FOR TRUCKING LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Rosa A Hadriga	
Firm Company Firm Company Address	
SACKSONVILLE FL 32210 City/State and Zip Code bogiano 22 a gmail long E-mail address: (to be use for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Name of Person at (904) 214-4845 Area Code Daytime Telephone Number	
Name of Person U / Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status S55.00 Filing Fee Solution Certificate of Status S60.00 Filing Fee Solution Certificate of Status S60.00 Filing Fee Solution Certificate of	tatus &

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

FILED

2018 OCT 19 PM 3: 08

The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000/240-75</u> .	were filed on May 17-20/8 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab B Foon + w (king LLC) The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4795 BEVERLY CIR Jacksonville, FC 32210
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4795 BEVERLY CIR JACKSONVILLE, FL 32210
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
	0 1 0

Name of New Registered Agent:

New Registered Office Address:

POSA HACRUGA.

4795 BEVERIX

Enter Florida street address

JACKSONVILLE Florida 32210

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/ New Registered Agent

Page 1 of 3

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 Name **Title** Type of Action 4795 BEVERLY CIR SACKSONVILLE FL 32210 MGR Rosa H. Hadnuga ☐ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change □ Add ☐ Remove _□ Change ☐ Remove _□ Change

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Filing Fee: \$25.00