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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

	sion of Corp		•	
SUBJECT:	CAN II TRU	ICK LINE LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		OZIEL CANTU RIOS JR	:	
			Name of Person	
			Firm/Company	
		1084 NORTON AVE S		
			Address	
		LEHIGH ACRES, FL 33	974	
		OZIELC88@GMAIL.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further in	formation co	ncerning this matter, please co	all:	
OZIEL CAN	TU RIOS JE	₹	239 349-0174	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	e following amount:		-
■ \$25,00 Fi	iling 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 TO ARTICLES OF ORGANIZATION OF

CAN II TRUCK LINE LLC			
(Name of the Limi	ted Liability Compan	y as it now app	ears on our records.

(Name of the Limi	ted Liability Compar (A Florida Limited L	iy as <u>it now appears on e</u> iability Company)	our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000142719</u> .		were filed on <u>06/08/2</u>	018	and assig	gned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liabi	lity company here:			
The new name must be distinguishable and contain the	vords "Limited Liabili	ty Company," the designa	ation "LLC" or the abb	reviation "L.L.	.C."
Enter new principal offices address, if applic	eable:				_ _ ₹%_
(Principal office address MUST BE A STREI	ET ADDRESS)			JUL 18	ECKETARY SION OF CO
Enter new mailing address, if applicable:		- 		P	OR ST
(Mailing address MAY BE A POST OFFICE	BOX)			52	ATIONS
B. If amending the registered agent and registered agent and/or the new registered o			records, <u>enter t</u>	he name o	f the ne
Name of New Registered Agent:	OZIEL CANTU	RIOS JR			
New Registered Office Address:		Enter Florida st	reet address	,	
			Florido		
		City	Florida	Zip Code	
New Registered Agent's Signature, if changing					
I ham be account the appointment as posicion	ad account and account	us to ant in this agence	airs I forestone arres	w to coment	a aniela ela

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
MGRM	OZIEL CANTU RIOS JR	1084 NORTON AVE S	Add
		LEHIGH ACRES, FL 33974	□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
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m effe o <u>te:</u>	ve date, if other than the date of filing:		
	ord specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the 90th day after the record is filed.	he earli	ier of
ated	July 15 . 2018		
	Signature of a running or authorized representative of a member		

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Filing Fee: \$25.00