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09/17/18--01027--011 \*\*25.00

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SURJECT: M	aca Truck 1	na LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Monter	Name of Person	·
		Name of Person	
	$\mathcal{M}$	Firm/Company	
	13330	Waterford Custi	e Oi
		Address	
	Dadec	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	25
	mara truic	City/State and Zip Code	( A-1 A
	E-mail address: (	to be dsed for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Monteriall	Allen	at (812) 312	0299
Name of	f Person	at (S13) 312  Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
\$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 TO ARTICLES OF ORGANIZATION OF

Alaca	Trucking Ll		
(Name of the Limitee	d Liability Company as it now app A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Lia		9/7/18	and assigned
Florida document number <u>L15000713</u>	<u> 14のラ</u> .		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company	here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the	e designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ble:		<del> </del>
(Principal office address MUST BE A STREET	ADDRESS)		· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
			•
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/o registered agent and/or the new registered offi		on our records, <u>enter</u>	the name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		Florida	Zip Code
	Ciņ <sup>,</sup>		гір Соде

### 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
<u> </u>	Monte well the	391, Contractor Charle Dr.	■ Add
			□ Remove
			☐ Change
			Add
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		<u> </u>	_□ Remove
			_ 🗆 Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	September 13. 2018.
	Signature of a member or outhorized an authorized and a second
	Signature of a member or authorized representative of a member
	(artign A-11-6 ^ Typed or printed name of signee

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Filing Fee: \$25.00