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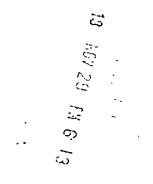
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O SIMMONS DEC 0 4 2018

COVER LETTER

TO: Registration So Division of Con			
	RO TRUCKS LLC		
SUBJECT:	Name of Lim	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FRANCISCO G DIAZ		
	CENTAURO TRUCKS L	Name of Person	
	4316 SUMMIT CREEK B	Firm/Company	
		Address	
	ORLANDO FL 32837		
	GNUNEZ@PLUSMOREU		
For further information c	E-mail address: (oncerning this matter, please co	to be used for future annual report notifull:	ication)
FRANCISCO G DIAZ		407 978-7661 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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

CENTAURO TRUCKS LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our record la Limited Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability	Company were filed on 10/25/2018	and assigned
lorida document number L18000250814		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the lin	nited liability company here:	
		ᇕ
e new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADD	PFCC1	<u>.</u>
The part of the address in 601 Big 1 Grabit Abb	NESS/	72
		<u> </u>
nter new mailing address, if applicable:		· 5
failing address MAY BE A POST OFFICE BOX)		
		
. If amending the registered agent and/or regi	istered office address on our records	enter the name of the
gistered agent and/or the new registered office ad		, circle the name of the
Name of New Registered Agent:		
New Registered Office Address:		
Registered Office Francess.	Enter Florida street address	,
	Fla	orida
	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
AMBR	Wuilly José Ochoa Pineda	5412 Macalpine circle # 1311 Glen Allen, VA 23059	■ Add
			☐ Remove
			Change
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		. ☐ Remove	
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			Remove
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ed NOVEMBER 21	2018		
record specifies a delayed e he 90th day after the recor	effective date, but not an ef d is filed.	fective time, at 12:01 a.m	on the earlier
te: If the date inserted in this blockument's effective date on the Department.	artment of State's records.		
ective date, if other than the date must be the lift by date is listed, the date must be the lift by date incorrect in this block	e specific and cannot be prior to date of	(optional)	g.) Pursuant to 605,02
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			.
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	<u>. </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00