6/18/2019



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Odvision of Corporations

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Account Name : LAXMY'S CARRIER SERVICES

Account Number : 120840000007

Phone : (305)640-0281

Fax Number : (305)640-0282

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R & S TRUCK TRANSPORTATION LLC

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JUN 19 2019

COVER LETTER

TO:	Registration So Division of Co		, ·	
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SUBJI		Name of Lin	nited Liability Company	
The gr	alacad Apideo of	Amendment and fee(s) are sub	amittant for filling	
		undence concerning this matter		
		ROXANA VERDECIA R	AMOS	2019 (
		R & S TRUCK TRANSPO		——————————————————————————————————————
		636 E 42ND ST	Firm/Company	PH 4:
		HIALEAII	Address	07
		GALL.LAXMYSCARRIER	-	
For fur	ther information c	E-mail address: concerning this matter, please o	(to be used for future annual report no nll:	ification)
LAXM	TY CHACON		305 640-0281	
*****	Name o	f Person	305 640-0281 at () Area Code Daytir	ne Telephone Number
Enclose	ed is a check for t	ne following amount:		
\$25	i.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$69,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COUR Registration Section Division of Corportision Building 2661 Executive Country Tallahassee, FL 3	enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R & S TRUCK TRANSPORTATI	ON LLC	
(Name of the Ulm	ted Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited I Florida document number <u>L18009267688</u>	Liability Company were filed on 11/15/201	8 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liebility Company," the designati	on "LLC" o: the abbreviation "L_LC."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
B. If amending the registered agent and	l/or registered office address on our	records, enter the name of the nev
registered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	ANIA D RAMOS	
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	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 adaress. 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

Title	Name	Address	Type of Action
MGR	ROXANA VERDECIA RAMOS	636 F. 42ND ST	
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e record specifies a delaye The 90th day after the re	ed effective date, but not an effection cord is filed.	ctive time, at 12:01 a.m. on the earl	lier (
06/18/2019 ited	2019		
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	Signature of a member or authorized represe	entative of a member	

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