Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000115643 3)))



H180001156433ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

су с.

٠:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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

| Lmall. | Address: | | | |
|--------|----------|--|--|--|

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IVO TRUCKING LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Corporate Filing Menu

Help

Electronic Filing Menu

| Articles o | of Amen | dment to | LLC Articles | of Organ | ization o | of |
|--|-----------------------------|-------------------------------------|---|---------------------------|--|---------------|
| | cles of Orga | nization for t | his Limited Liability nd assigned Florida o | Company were locument num | e filed on iber | |
| | | | bmitted to amend th | | | |
| ABB: Z | | | ALEJANDRO | | (2) | |
| | | | J | | | |
| | ····· | | | | | |
| | | ··-· | | | | . |
| | ·· <u>·····</u> | | | | ······································ | |
| | | | | | 201 | |
| | | | | | 9 APR | AP |
| | | | | · | -8 | AND RO |
| | | | | | 199 至 | - C |
| | | | | | 9: 42 STATE | |
| | | <u></u> | | | - 12m P | |
| These articles of a | mendment | were adopte | i on | | | |
| • | 1 1- | | | | | |
| Dated | 4/8/ | 19. | | _• | | |
| | , | | F | | | |
| - | Signature | of a member or | authorized representative | of a member | · | |
| · · · · <u> </u> | | NSFI CO | ov Vandes 5 | • | | |
| | | | | | | |
| New Registered A I hereby accept the a position. | gent's Sign ppointment a | ature, if chang s registered age | ging Registered Agen ent Lorn familiar with ar | t: nd accept the obli | gations of the | |
| | | _ | · - <u>- · · · · · · · · · · · · · · · · ·</u> | _ | | |
| | S | water New | Registeren ovent, if char | nging | | |