## L19000004543

(Requestor's Name)	_
(Address)	—
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
,	
(Document Number)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:

TO: Registration Sec Division of Corp			"
SUBJECT: MA+	y TRUCKIN	16. LLC	<b>**</b>
30 <b>3</b> 3661	Name of Limit	ed Liability Company	<del></del> -
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	idence concerning this matter t	o the following:	
	mehari - H	Warne of Person	
		1CKING LL Firm/Company	
	3718 Carmic	Hall ave Jack	son Ville. FC
		Address	<del></del>
		City/State and Zip Code	
	A 105	•	141
	mequite E-mail address: (1	123 algmaile I Ce to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca		
<i>6</i> 0 <sub>1</sub> .	U. The Course	0.01	14169380
Mehcir, -	Person	at () GOL Area Code Daytim	e Telephone Number
.vanie G		,	•
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 Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FI	e Street, Suite 810
		rananassee, fi	لا∪دغاب د

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ricking LLC.	
Liability Company)	
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bility company here:	
bility Company," the designation "LLC" or the abbreviation "L.L.C.	· · ·
70/1	<u> </u>
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	15 AH B: 91
e address on our records, enter the name of the new re	egistered
Enter Florida street address	_
, Florida	
City Zip Code	,
у <u>.b</u>	and assigned and a

## 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>	Name	Address	Type of Action
mgr	mehari-Haile-Equ8E	3718 CarmicHael ave	□Add
		Jacksonville, FL	UKemove
		1	ZChange
			🗆 Add
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ecord is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	ihe
uted _	7115121	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signer	2.11
		7/1.11

Filing Fee: \$25.00