

L19 0000028245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

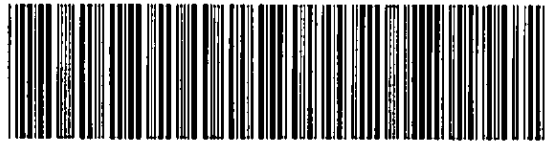
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/08/19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRUCKSOFT SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT FREEMAN

Name of Person

TRUCKSOFT SOLUTIONS LLC

Firm/Company

6655 KITTY AVE, 2ND FL

Address

CHICAGO RIDGE, IL 60415

City/State and Zip Code

ROBERT@THEFREEMAN.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT FREEMAN

646 565-0900
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

TRUCKSOFT SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/28/2019 and assigned
Florida document number L19000028245.

This amendment is submitted to amend the following:

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

591 MIDLAND AVE, UNIT 1
STATEN ISLAND, NY 10306

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LORENA KILLOMOLLARI

New Registered Office Address:

111 N. ORANGE AVE, STE 800

Enter Florida street address

ORLANDO

Florida 32801

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.

Lorena Kilomollari

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	OLEG DARDYNSKI	891 CENTRAL AVE APT 309	<input type="checkbox"/> Add
		HIGHLAND PARK, IL 60035	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TIMUR MIRZAEV	10508 EASTPARK LAKE DR	<input type="checkbox"/> Add
		ORLANDO, FL 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LORENA KLLOMOLLARI	820 PATTERSON AVE	<input checked="" type="checkbox"/> Add
		STATEN ISLAND, NY 10306	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROBERT FREEMAN	820 PATTERSON AVE	<input checked="" type="checkbox"/> Add
		STATEN ISLAND, NY 10306	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

1. PLEASE REMOVE OLEG DARDYNSKY FROM AMBR

2. PLEASE REMOVE TIMUR MIRZAEV FROM AMBR

3. PLEASE ADD LORENA KLLOMOLLARI AS AMBR

4. PLEASE INDICATE LORENA KLLOMOLLARI AS REGISTERED AGENT

5. PLEASE ADD ROBERT FREEMAN AS AMBR

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 4, 2019

Freeman Robert
Signature of a member or authorized representative of a member

FREEMAN, Robert
Typed or printed name of signee