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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Registration Section

TO:

Division of Cor	porations		•
	g Transport, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The englosed Articles of	Amendment and fee(s) are sub-	sonitted for filing	
		<u>-</u>	
Please return all correspondence	ondence concerning this matter	to the following:	
	Ellis Snow		
		Name of Person	
	Truck King Transport, LL	С	
		Firm/Company	
	8915 NW 28th Drive, Apt	В	
		Address	
	Coral Springs, FL 33065		
	in to Ormaldian towns now	City/State and Zip Code	
	info@truckkingtrans.com E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Ellis Snow		954 770-4577	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Address:	
Registration !		Registration S	ection
Division of C	•	Division of Co	•
P.O. Box 632		The Centre of	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Truck King Tranport, LLC.

. US 19 11175

(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 $\frac{6/28/2019}{1}$ and assigned Florida document number <u>L19000170213</u> 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 "L.I.C" or the abbreviation "L.I.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) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	ASHLEY REYES	8915 NW 28TH DRIVE , APT B	= Add
		CORAL SPRINGS, FL 33065	□Remove
			□Add
			□Remove
			🗀 Add
			□Remove
			□Change
			CJAdd
			□Remove
			□Change
			□ Add
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			🗀 Change

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ective date, if other than the date of filing: effective date, if other than the date of filing: 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 605.020 es. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as meent's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the filed.				Č	
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Filing Fee: \$25.00