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à <u>.</u>	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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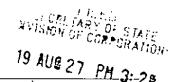
O: Registration Section Division of Corpor			
subject: <u>Engineer</u>	ng Trucking Name of Jimi	tted Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Margus J	Name of Person	
		Firm/Company	
	5151 Mauric	K In Address	<u> </u>
	Tallahassee	FL 32304 City/State and Zip Code	
-	Davis 46e Qua	to be used for future annual report notif	
for further information conc			Ranony
Margu J D :	AVIS	at (<u>BSO</u>) <u>274-</u> Area Code Daytine	6910 : Telephone Number
inclosed is a check for the f	ollowing 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 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



Engineering Trucking	uc	19 AUE 27	PM 2: 2-
Engineering Trucking	lity Company as it now appears on da Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability (Florida document number <u>L19000197604</u>	Company were filed on $_$	0/2/10	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin Engineered Trucking LLC The new name must be distinguishable and contain the words "Lin		nation "ELC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi registered agent and/or the new registered office ado	stered office address on ou dress here:	r records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	treet address	
	<i>(</i> ···	, Florida	Zıp Code
	City		Zīp 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.

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
		-	☐ Change
·			. □ Add
			☐ Remove
			☐ Change
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n effec <u>ste:</u> If	e date, if other than the date of filing:)7 (: s tl
reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	of:
ted	8/27/2019 Margus Davis Typed or printed name of signee	
	Signature of a member or authorized representative of a member	
	O second of a member	

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Filing Fee: \$25.00