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SUBJECT:	ALL LOADS TRUCKING L.L.C. Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	JERRY VAIBRIN
	ALL LOADS TRUCKING L. L. C. Firm/Company
	7958 PINES BLUD #517
	Penhabke Pines FC 33024 City/State and Zip Code Tenal 331626 Aor Com E-mail address: (to be used for future annual report notification)
	F-mail address; (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
VERR	V V A B R V N at (305) 785-2695 Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
☑ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	Dany as it now appears on our r	ecords.)
(A Florida Limited	<mark>pany as it now appears on our r</mark> d Liability Company)	,
The Articles of Organization for this Limited Liability Companies Florida document number <u>L2000008902</u> .	ny were filed on/	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	"Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>. <u>l</u></u>) NO) (1)
(Principal office address MUST BE A STREET ADDRESS)	1	ω <u>:</u>
		B: 0
Enter new mailing address, if applicable:		မ မ
(Mailing address MAY BE A POST OFFICE BOX)		
		······
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	
	Enter Plorida street o	uddress
	City	_, Florida
New Registered Agent's Signature, if changing Registered Agen	*	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MIMEROYE MICHEL	7958 Pines BUS	□Add
		Pembroke AnesFL 7302	4_ ⊠ Remove
			□Change
AMPR	Storey Robert	7958 Pines Blub	□Add
		7958 Pines BIND Pembroke Pines FL 330	PG Remove
			□Change
			□Add
			□Remove
			□Change
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D. If amending any other information, en	8 -(-)	(, 9	
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E. Effective date, if other than the date of (If an effective date is listed, the date must be specificable). If the date inserted in this block does document's effective date on the Department.	not meet the applicab	date of filing or more than le statutory filing requi	(optional) 90 days after filing.) Pursuan rements, this date will not	nt to 605.0207 (3) be listed as the
f the record specifies a delayed effective date, bu ecord is filed.	ut not an effective time	e, at 12:01 a.m. on the c	artier of: (b) The 90th d	ay after the
Dated AUVEM ber 13) 		
Dated AUVEM ber 13 Signature	Terry Va /L	zed representative of a me	mber	
TERRY	VALBR Typed or printed	name of signee		