## L200000 49372

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Amend Manch

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## **COVER LETTER**

TO:

Registration Section

Division of Corpo	orations		
SUBJECT: ROA	D AHEAD  Name of Lim	TRUCKING (ited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jose	Le Joseth Name of Person	
		Firm/Company	
	1409 SW	Col ASTON her	ry ale
		Address	-
	YOUT-ST- U	$\frac{UC + F(349)}{\text{City/State and Zip Code}}$	153
	OSUC OSC E-mail address: (	Physiale and Zip Code  Physiale and Zip Code  To be used for future annual report notific	(L. Cam
For further information con	ecerning this matter, please ca	all:	
JOSUR Name of F	Joseph	at (305) 336- Area Code Daytime	5593 Telephone Number
Name of r	Cison	Area Code Dayume	текфионе напис
Enclosed is a check for the	following amount:		
€V\$25.00 Filing Fœ	☐ \$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:		Street Address:	
Registration Se Division of Co		Registration Sect Division of Corp	
P.O. Box 6327	Potanons	The Centre of Ta	
Tallahassee FI	32314	2415 N. Monroe	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ROAD TRUC (Name of the Limited Liability Compar (A Florida Limited L.)	KING (Conyas) it now appears on our records.)  (ability Company)
The Articles of Organization for this Limited Liability Company Florida document number 2000 49372	were filed on $\frac{62/12/20}{20}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
A A J ROAD AHEAD Trucking 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:	HAR 1116 Jann Allenue
(Principal office address MUST BE A STREET ADDRESS)	OP2-10CKN / FC 33054
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1409 SW C/25 Tonbrory AU PORT- ST- LUCIE, F/34953
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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.

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
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Flective date, if other than the date of filing: $DC - I(2 - 2 \cup 2 \cup 2)$ (optional) 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 ate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records.  Trecord 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 is filed.  The state of a member or authorized representative of a member.  The state of a member of a member of a member of a member of a member.	_	
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