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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 2BC/KG/h	trucking HC	-
Nat	me of Limited Liability Company	
The enclosed Articles of Amendment and fee(s	s) are submitted for filing.	
Please return all correspondence concerning the	is matter to the following:	
Dan	Name of Person	_
	Ballain/Company / Tucking	5
1317 E	dyenator Dr. Stett	\$450 22 E
Olland	LO, F/32 VOY City/State and Zip Code	SEP III
2Balk E-mail	address! (to be used for future annual report notification)	
For further information concerning this matter,	, please call:	9: <b>5</b> 9
Name of Person	at (407) 627-9829  Area Code Daytime Telephone Numb	
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 Filing Fee Certificate of S	Status Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section	

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

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

Florida document number 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) 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

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.

New Registered Agent's Signature, if changing 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
MGC	Elv. 14 Janyor	1019 S. R.O Gands	<u> </u>
	,	1019 S. R. O Genda Ave Orl, FI	□Remove
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