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Office Use Only



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COVER LETTER

VO:	Registration Section Division of Corpor	on rations	•		
		DD MX TRUCKING, LLC			
SUBJ	ECT:	Name of Limiter	ed Liability Company		
The e	nclosed Articles of At	nendment and fee(s) are submi	tted for filing.		
Please	e return all correspond	dence concerning this matter to	the following:		
		DENNIE	S N MEKKATTUPARAMBAN		
			Name of Person		
DE			MX TRUCKING, LLC		
			FirmyCompany		
		60	94 MISSION DR		
			Address		
		i	AKELAND, FL 33812		
			City-State and Zip Code		
		demekkas@gma	il.com		
		E-mail address: ()	o be used for future annual report notifi	(Cation)	
For	further information co	oncerning this matter, please ca	di:		
ÐF	NNIES X MEKKATI	TUPARAMBAN	863 514-0446 art) Area Code Daytime		
	Name of	Person	Area Code Daytime	- Telephone Number	
Enc	flosed is a check for th	ne following amount:			
=	\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addre Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee be Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 03/19/2020 and assigned	
Florida document number L20000085405	_ ,
This commitment is submitted to amend the following:	THE STARY OF CHAPTER AND
	<u> </u>
	ວ ສະຕິ ສະຕິ
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable:	<u> : </u>
(Principal office address MUST BE A STREET ADDRESS)	<u>5</u>
Was address if applicable	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing dadress MAT BL A (OST O) VICE 2007	
	ctored
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regis	<u>Stereo</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
	
New Registered Office Address: Enter Florada street achiress	
City Florida Zip Code	
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 will 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 being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability	ith the d et is

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
MGR	DENSON XAVIER	1301 LAUREL GLEN DR	⊋Add
		BARTOW, FL 33830	
			□Change
			Add
			©Change
			□Add
			[]Change
			□ Remove
			☐ Change
			DAdd
			TRemove
			□ Change
			□Add

					
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			<u> </u>	_ -	
 	<u> </u>				
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					-
Note: If the date its	ther than the date of ted, the date must be speci eried in this block does date on the Departmen	s not meet the appu	feature sentation's times	ore than 90 days after fg requirements, this	nal) iling.) Pursuani to 605.01 date will not be listed
record specifies a d d is filed.	clayed effective date, b	out not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after ti
Pated April 6th		2020			
-meu	-(7)	9-			
	1 X	<u> </u>	thorized representative	a manihar	
	Signatu	re of a wember or au	inorized representativi	of a memor:	