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TALLAHASSEE, FLORIDA



APR 28 2020

COVER LETTER

TO:

Registration Section
Division of Corporations

ANNUAL DOT INSPECTION LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ANTHONY RUBANO Name of Person Firm/Company 37 DANBURY COURT APT D Address ROYAL PALM BEACH FL 33411 City/State and Zip Code ANTRUBANO@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTHONY RUBANO Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO' ARTICLES OF ORGANIZATION OF

ANNUAL DOT INSPECTION LLC		and)
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our re Liability Company)	corus.)
The Articles of Organization for this Limited Liability Company	were filed on 03/23/2020	and assigned
lorida document number L20000087519		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
TRUCK INSPECTORS LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NO CHANGE	
Principal office address MUST BE A STREET ADDRESS)		2020 A-L
		APR
		27 827
Inter new mailing address, if applicable:	NO CHANGE	71C >>> 177
Mailing address MAY BE A POST OFFICE BOX)		<u>, </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	iter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		, 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

Title	Name	Address	Type of Action
			□ Add
			Remove
	- -		□ Change
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fective data if other	than the date of filing:	(optional)	
an effective date is listed, to the other of the date inserted to the date inserted	than the date of filing:	e of filing or more than 90 days after filing.) Pur-	suant to 605,0207 not be listed as
record specifies a delayer is filed.	ed effective date, but not an effective time, a	it 12:01 a.m. on the earlier of: (b) The 90	h day after the
ited March 30th	2020		
	And Manue Signature of a member or authorized		

Typed or printed name of signee