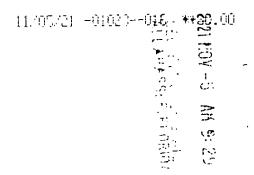
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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Amend		

Office Use Only



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11/29/2/

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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: MELENGEZ TRUCKIN	a Services UC
	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Jose R N	Name of Person
Melendez	Name of Person TYUCKING SEVVILES Firm/Company
•	KUHE DrivE
KISSIMME	E FL 34758 City/State and Zip Code
	K SVCS @ gmail · Lam (4) be used for future annual report notification)
E-mail address: ((16) be used for future annual report notification)
For further information concerning this matter, please c	all:
JUSE MELENDEZ	at (910) 414 1585 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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 Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now an lears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on _	10/11/50	and assigned
Florida document number <u>L20000 325</u> 020	9		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	- 1, 11	,	
Enter new mailing address, if applicable:		• • .	26211
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	W SS
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 Flo	orida street address	
	City	, Florid	a
	~··,·		Dip Com

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 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>	<u>Name</u>	Address	Type of Action
PRES	JUSE K MELENDICE	4802 ROCKIME DR F134788	□Add
			Remove
			Change
AMBR	OWE K METERALIZ	4807 KUCKAME DR FL 84758	Add
			□Remove
			Change
			□ Add Remove
			□ Remove
			Change
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effective date e: If the dat	is listed, the date must be inserted in this block	ate of filing: e specific and cannot be perfect the appartment of State's reco	prior to date of filing or plicable statutory fili	(option nore than 90 days after fing requirements, this constitutions of the constitution of the constitutions o	ling.) Pursuant to 605.0
ord specific filed.	s a delayed effective c	late, but not an effecti	ve time, at 12:01 a.m	on the earlier of: (b)	The 90th day after
d Nov	1 3	200	<u>- (</u> .		
	1				

Filing Fee: \$25.00