## L21000017894

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ P'CKJPP <b>X</b> WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Cor			•
SUBJECT: <u>M</u>	Mitha 1	Truckingly	40
	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Arnold	Murr, etc.	
	Murrier	La Trucking Firm/Company	9_(((
Certificate of Status Certified Copy			
	Cape C	City/State and Zip Code	969
	MV// Seta E-mail address: (1	2003 Wof 100 be used for future annual report notif	poticialion)
For further information co	oncerning this matter, please ca	ill:	
Name of	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
<b>₹</b> \$25.00 Filing Fee		<del>-</del>	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	rtion

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

	ompany as it flow appears on our records.) itted Liability Company)
(A Florida Limi	ited Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on and assigned
The Articles of Organization for this Limited Liability Comp. Florida document number $\angle 2/6006678$	-94
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	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	<u>s)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	9
	23
B. If amending the registered agent and/or registered offi	fice 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
<del></del>	, Florida
New Registered Agent's Signature, if changing Registered Age	
provisions of all statutes relative to the proper and complete	agree to act in this capacity. I further agree to comply with the olete performance of my duties, and I am familiar with and tas provided for in Chapter 605, F.S. Or, if this document is ffice address, I hereby confirm that the limited liability

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
ngr	Arnuldo Murriera	Address  2013 NE 744 avc  Cafe Cora 1, FL 33	□Add
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ote: If the date is	other than the date of listed, the date must be speci inserted in this block does we date on the Departmen	s not meet the applicable	date of filing or more than 9 e statutory filing require	(optional) 0 days after filing.) Pursuant ements, this date will not b	to 605.0207 ( e listed as t
record specifies a is filed.	delayed effective date, but	ut not an effective time	, at 12:01 a.m. on the ea	urlier of: (b) The 90th day	after the
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nted	mall Signature	a of a member or authorize	ed representative of a men	hor	