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list .
(Business Entity Name)
(Document Number)
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COVER LETTER

ro: Registration Sec Division of Corp			
SUBJECT:	ISON BAILE Name of Limite	TRUCKI	16 LLC
	16 (2)	ine of Com Cilian	
	amendment and fee(s) are subm		
Please return all correspon	dence concerning this matter to	the following:	
	Willie	('D)SOM Name of Person	
	COISON B	Firm/Company	3 LLC
	930 Sike	Street Quinci	y FIA. 32351
	<u> Quincy</u>	City/State and Zip Code	
	E-mail address: (il	obe used for future annual report notifi	oation)
For further information co	oncerning this matter, please ca	li:	
M Name o	C D ISD M	at (\$50) 345T Area Code Daytime	72/ 5 8 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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 FILED

(Name of the Limited Liability Company as it now appears on the Limited Liability Company) (A Florida Limited Liability Company) ALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company were filed on $3/18/201$ and assigned Florida document number 200011505 .
This amendment is submitted to amend the following:
A. I 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 "LI.C" 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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida

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

<u>Title</u>	Name	Address	Type of Action
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	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
 		
	·	
 		
an effective date i lote: If the date	if other than the date of filing:	020 [.] d as
record specifies I is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00