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## **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	T: IRON Trucking Service LLC
	Name of Limited Liability Company
The encl	sed Articles of Amendment and fee(s) are submitted for filing.
Please re	urn all correspondence concerning this matter to the following:
	Angel Guman Name of Person
	Firm/Company
	326 Roberts Family lane.
	Winter Springs, Fl 32708 City/State and Zip Code
	E-mail address (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
F	Name of Person at (407) 910 - 3434  Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
<b>⊠</b> \$25.	10 Filing Fee \$\Bigcup \$30.00 Filing Fee &\Bigcup \$55.00 Filing Fee &\Bigcup \$60.00 Filing Fee,  Certificate of Status \$\Certified Copy (additional copy is enclosed)\$  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303  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 OF

FRY TRUCKING S  (Name of the Limited Liability Comp.)		ur records.)
(A Florida Limited	Liability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number <u>210042552</u> .	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
MR IRON COES IIC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LLANIASSEL. FLORIDA
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the name of the new reg</u> istered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	eet address
		. Florida
<del></del>	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 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
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Signature of a member of authorized representative of a member		/ X				