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(Req	uestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			
JRVT TRU	JCKING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOVANI R VAZQUEZ T.	ARDAGUILA	
	·	Name of Person	
	JRVT TRUCKING LLC		
		Firm/Company	<u> </u>
	559 PINECREST LOOP		22
		Address	
	DAVENPORT, FL 33837		9
	JOVANIVAZQUEZ@TCLC	City/State and Zip Code OUD.COM	
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notificall:	fication)
JOVANI R VAZQUEZ	TARDAGUILA	863 242-4320 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	rtion
Division of Corporations		Division of Cor	
P.O. Box 6327		The Centre of T	allahassee
Tallahassee, FL 32314		2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRVT TRUCKING LLC

and as	signed
reviation "I	lC."
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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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of	(optional)		.
te: If the date inserted in this block does not meet the applicable sta	tilling or more than 90 days autory filing requirements	after filing.) Pu s, this date wil	rsuant t I not b	o 605.0. e listed
cument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an e	fective time at 12:	∩1am on	the c	arlior
The 90th day after the record is filed.	receive anne, de 12.	01 0.1111. 011	(IIC C	. Gillici
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Signature of a the hiper or authorized re-				