L17000101930

(F	Requestor's Name)			
(F	Address)			
(F	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	MAIL MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2017

BEZALEEL RICKETTS 1625 N CONGRESS AVE APT 226 WEST PALM BEACH, FL 33401

SUBJECT: RICKETTS TRUCKING LLC

Ref. Number: L17000101930

We have received your document for RICKETTS TRUCKING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 417A00011214

RECEIVED

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COVER LETTER

Division of	n Section Corporations				
	s Trucking LLC				
SUBJECT:	Name of Li	mited Liability Company			
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	espondence concerning this matte	r to the following:			
	Bezaleel Ricketts	Bezaleel Ricketts			
	Name of Person				
	Ricketts Trucking LLC				
Firm/Company					
	1625 N Congress Ave. Apt 226				
		Address			
	West Palm Beach, FL 33-	401			
		City/State and Zip Code			
	rickettstruckinglic@gmail.				
For further informatic	E-mail address:	(to be used for future annual report no	infication)		
	on concerning this matter, piease				
Bezaleel Ricketts		561 543-9947 at ()			
Nan	nc of Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for	or the 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:			HER ADDRESS:		
Registration Section Division of Corporations		Division of Corpo	Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ricketts Trucking LLC The Articles of Organization for this Limited Liability Company were filed on $\frac{05/082017}{1}$ and assigned Florida document number L17000101930 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name trust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the abbreviation "LLC" 1625 N. Congress Ave. Apt 226 Enter new principal offices address, if applicable: West Palm Beach, FL 33401 (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, enter the name of the registered 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					
Title	Name	Address	Type of Action		
			☐ Remove		
			☐ Change		
			Add		
			☐ Remove		
		<u></u>	☐ Change		
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			Remove		
			☐ Change		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00