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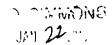
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COVER LETTER

TO: Registration Division of C			
	SER JR TRUCKING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fec(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Peggy A Messer		
		Name of Person	
	TG MESSER JR TRUCK	ING LLC	
		Firm/Company	
	515 SANTA FE ST SE		
		Address	
	LIVE OAK, FL 32064		
		City/State and Zip Code	-11
	PEGGYMESSER66@GM		
	E-mail address; (to be used for future annual report notif	ication)
For further information	reoncerning this matter, please e	all;	
PEGGY A MESSER		850 447-4967	
Name	; of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for	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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallabassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears on our rec Liability Company)	ords,)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "l	JLC" or the abbreviation "L.U.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		:
		<u> </u>
		:3 1i: 00
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		Ö
 If amending the registered agent and/or registered or registered agent and/or the new registered office address her 		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	dress
		FloridaZip Code

Thereby 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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	THOMAS G MESSER JR	515 SANTA FE ST SE LIVE OAK, FL 32064	■ Add
			☐ Remove
			□ Change
AMBR PEG	PEGGY A MESSER	515 SANTA FE ST SE LIVE OAK, FL 32064	Add
			□ Remove
			Change
			Remove
			☐ Change
			Remove
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			Add
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			Change

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Tective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block becoment's effective date on the Depa	c does not meet the applic	able statutory filing req	(optional an 90 days after filin uirements, this dat) g.) Pursuant to 605.020 e will not be listed a
record specifies a delayed e The 90th day after the record		ot an effective time	, at 12:01 a.m	on the earlier o
nted JANUARY, 14	2019			
			\ /	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00