## LZ0 000094028

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

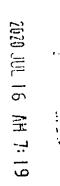
Office Use Only



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07/23/20--01027--005 \*#25.00

RECEIVED



AUG 2 8 2020 S. YOUNG

## **COVER LETTER**

TO:	Registration Se Division of Cor			•
SUBIE		CKING LLC		,
SUBJE	CI:	Name of Lim	ited Liability Company	····
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		ANTONIO DAVIS		
			Name of Person	
		ADD TRUCKING LLC		
			Firm/Company	<del></del>
		1072 STAN CIRCLE		
			Address	
		TALLAHASSEE, FL 3230	05	
		<u> </u>	City/State and Zip Code	
		ADDTRUCKINGLLC@Y/	AHOO.COM to be used for future annual report	
For furt	her information c	oncerning this matter, please co	-	nouncation
ANTO	NIO DAVIS		850 553-086	9
	Name o	of Person	at () Area Code Da	ytime Telephone Number
Enclose	ed is a check for the	he following amount:		
<b>■ \$25</b>	5.00 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 Addres		Street Addres	
	Registration S Division of C		Registration Division of	Section Corporations
	P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ADD TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.)

·	(A Florida Limited Liability Comp	any)		
The Articles of Organization for this Limited L	iability Company were filed o	n 03/31/2020	and a	signed
Florida document number L20000094028		'al tier		
Tiorida document number	<del></del> .			* *
This amendment is submitted to amend the foll	owing:		, + <del>-</del>	
A. If amending name, enter the new name o	f the limited lighility compa	ny here:		7:
A. If amending name, enter the new name o	Tine minicu naomy compan	my nere.		r steet
		<del></del>		***
The new name must be distinguishable and contain the v	vords "Limited Liability Company,"	the designation "LLC" or ti	he abbreviation	J.L.C."
Enter new principal offices address, if applic	:able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
				•
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u>.</u>		
		<u>-</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	0	our records, <u>enter the l</u>	name of the n	ew registered
Name of New Registered Agent:	ANTONIO DAVIS			
New Registered Office Address:	1072 STAN CIRCLE			
	Ente	er Florida street address		
	TALLAHASSEE	, Florida	32305	
	City	, , , , , , , , , , , , , , , , ,	Zip Code	!
New Registered Agent's Signature, if changing	Registered Agent:			
		elain numanien I Guellan	n armia ta aan	عطه طهندين دامي
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete performan istered agent as provided for registered office address, I	ce of my duties, and I c r in Chapter 605, F.S.	am familiar w Or, if this do	ith and cument is
	antoni a	ed Agent, Signature of Nev	v Registered Am	·nt
	ii Changing Register	eu Agent, Signature of Nev	n Registered Ago	<u>:1114</u>

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
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Add
			□Remove
			□Change
		<u></u>	□ Add
			🗀 Remove
			□Change
			□Add
		<del> </del>	□Remove
			□Change
			□Add
			□Remove
			□Change

. If amending any other information	ı, enter change(s) here:	(Attach additional sheets, if neo	cessary.)
<del></del>	<del></del>		
			<del></del>
			<del></del>
	-		
···	<del>-</del>		
<u> </u>			
			<del></del>
			<u>_</u>
. Effective date, if other than the dat (If an effective date is listed, the date must be <u>Note:</u> If the date inserted in this block document's effective date on the Depar	specific and cannot be prior to does not meet the applica	o date of filing or more than 90 days afte	ional) or filing.) Pursuant to 605.0207 (3)( is date will not be listed as the
the record specifies a delayed effective da cord is filed.	ite, but not an effective tin	ne, at 12:01 a.m. on the earlier of: (	b) The 90th day after the
Dated	2020	_•	
Dated MIXONI D	'un-		
Sig	nature of a member or author	ized representative of a member	
ANTONIO DAVIS	T 1	I name of signee	

Filing Fee: \$25.00