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T. MATTHEWS MAY - 5 2022

COVER LETTER

	Registration So Division of Co			
SHRIF	GDK Haul	ing Service, LLC		
SUBJEC	T:		nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	amitted for filing	
		ondence concerning this matter		
		Chakesha Harvey		
			Name of Person	
		GDK Hauling Service, LL	С	
			Firm/Company	
		5632 SW 87th Lane		
			Address	
		Ocala, FL 34476		
			City/State and Zip Code	
		GDKHauling@gmail.com		
T- C .1			to be used for future annual report noti	fication)
roriums	er information c	oncerning this matter, please ca	all:	
Chakesha	a Harvey		352 459-8873 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25. 0	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 Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Second Division of Core The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF STAIL OF CORPORATIONS

GDK Hauling Service, LLC

22 APR 14 PM 3: 30

If Changing Registered Agent, Signature of New Registered Agent

(<u>Name of the Limited L</u> (A F	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number 1.22000134217	lity Company were filed on 03/17/2022	_ and assigned
This amendment is submitted to amend the following	ng;	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or regist agent and/or the new registered office address her	tered office address on our records, enter the name of ere:	the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
lew Registered Agents, Simus, 15	City Z	ip Code
New Registered Agent's Signature, if changing Regist		
scept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to nd complete performance of my duties, and I am famile and agent as provided for in Chapter 605, F.S. Or, if the stered office address, I hereby confirm that the limited tige.	liar with and

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>	<u>Address</u>	Type of Action
MGR Ossic Wesley	Ossie Wesley	45 Laney Loop	≣ Add
		Little Rock, Arkansas 72204	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□ Rетюче
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

ii amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
_	
_	
_	
_	
(If an effe Note: 1	te date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	April 7, 2022.
	Challetka Hawey Signature of a member or authorized representative of a member
	CSAcrue Chakesha Harvey Typed or printed-name of signee