

L 2 3 0 0 0 0 8 3 1 8 3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

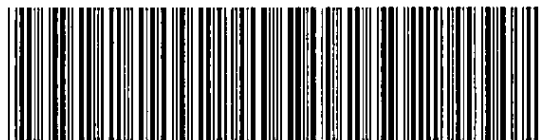
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF TEXAS

12/12/23 KH

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pickens Trucking LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wilma Pickens
Name of Person

Pickens Trucking LLC
Firm/Company

33107 Amling Pecan Br
Address

Wesley Chapel, FL 33545
City/State and Zip Code

PickensTrucking@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wilma Pickens at (215) 262-1970
Name of Person 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)

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STATE
FEB 11 11:12:32
TALLAHASSEE, FL

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pickens Trucking LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/15/2023 and assigned Florida document number L23000083183.

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 must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

33107 Amling Pecan Br.
Wesley Chapel, FL
33545

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kelvin Pickens

New Registered Office Address:

33107 Amling Pecan Br.

Enter Florida street address

Wesley Chapel

City

Florida

33545

Zip Code

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 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>	<u>Type of Action</u>
MGR	Wilma Pickens	33107 Arming Pecan Dr Wesley Chapel, FL 33545	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove

REC'D
CITY OF WESLEY CHAPEL
FEB 11 PM 12:02
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