L0300046515

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

Office Use Only

B. KOHR

NOV. 5 2012

EXAMINER



800214369958

10/01/12--01015--030 **35.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2012

SUSAN NICHOLS S & W TRUCKING, LLC 3018 GRAPEFRUIT LANE LAKELAND, FL 33810

SUBJECT: S & W TRUCKING, LLC

Ref. Number: L03000046515



We have received your document for S & W TRUCKING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because S & W TRUCKING, LLC is a limited liability company it cannot use a corporation amendment form.

Please complete, sign, and return the enclosed LLC AMENDMENT FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Buck Kohr Regulatory Specialist II

Letter Number: 912A00025046

COVER LETTER

10:	Division of Co			٠		
SURJI	FCT:	S & W T	RUCKING, LLC	7 5 5		
			ited Liability Company	7-5		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	PH 3: 18		
Please	return all corresp	ondence concerning this matter	to the following:	ORIO TE		
SUSAN NICHOLS						
			Name of Person			
		S	& W TRUCKING, LLC.			
	Firm/Company					
	3018 GRAPEFRUIT LANE					
	Address					
			City/State and Zip Code	A CONTRACTOR OF THE CONTRACTOR		
		nich E-mail address: (nolssan14@yahoo.com to be used for future annual report notific	eation)		
For fu	ther information	concerning this matter, please o	•			
SUSAN NICHOLS			at (_863)	315-4933		
Name of Person		of Person	Area Code & Daytime	Telephone Number		
Enclos	sed is a check for	the following amount:				
▼ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAHANG ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations Box 6327	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	1 ations ater Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & W TRUCKING, LLC.

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

	A Florida Limited I	Liability Company)					
The Articles of Organization for this Limited I	liability Company	were filed on NOV	/W. W. Or				
Florida document numberL03000046515							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of	of the limited liab	ility company here:					
201			nd the state of th				
The new name must be distinguishable and end w "L.L.C."	th the words "Umi	ited Liability Company	the designation "LLC" or the appreviation				
Enter new principal offices address, if applicable:		3018 GRAPEFRUIT LANE					
(Principal office address MUST BE A STREET ADDRESS)		LAKELAND, FL	. 33810				
Enter now mailing address if annioable							
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)							
	<u>,</u>		· · · · · · · · · · · · · · · · · · ·				
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the new				
Name of New Registered Agent:	N/A						
New Registered Office Address:	N/A	····					
		Enter Florida street address					
		Florida					
		City	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> Name Address MGR SUSAN NICHOLS 3018 GRAPEFRUIT LANE ✓ Add LAKELAND, FL 33810 Remove MGRM JIMMY W. NICHOLS 3018 GRAPEFRUIT LANE ✓ Add Remove LAKELAND, FL 33810 ☐ Add Remove □ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A OCTOBER 26 2012 Dated _ /s/ SUSAN NICHOLS
Signature of a member or authorized representative of a member SUSAN NICHOLS

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00