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(Requestor's Name)
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SECRETARY OF STAIL
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COVER LETTER

TO:

	egistration Se ivision of Cor			
041D 11:67		taling's Tractor Service LLC		
SUBJECT	:		ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Angie Finley		
			Name of Person	
		Angie Finley Financial LL0	С	
			Firm/Company	
		8720 SW Hwy 200 #7	ment and fee(s) are submitted for filing. concerning this matter to the following: gie Finley Name of Ferson gie Finley Name of Ferson Finn*Company 20 SW Hwy 200 #7 Address ala, FL 34481 City/State and Zip Code e@angiefinleyfinancial.com E-mail address: (to be used for future annual report notification) ing this matter, please call: at (
			Address	
		Ocala, FL 34481		
			City/State and Zip Code	
		• • •		
				notification)
For further	r information c	oncerning this matter, please ca	all;	
Angie Fin	ley			
 -	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	•			
	lailing Addres			
	Registration S Division of C		-	
	P.O. Box 632			-
	Tallahassee I			nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 01/18/2005	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. <u> </u>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS))EC 23
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		D 5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new regis
New Registered Office Address:	Enter Florida street address	
		r ida

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	Jodi Hotaling	PO Box 770576	= Add
		Ocala FL 34477	□ Remove
			□Change
AMGR	Stephen Hocaling	PO Box 770576	□Add
		Ocala, FL 34477	□Remove
			■Change
			∑ ☐Change
			F. C. 23
		<u> </u>	□ Remove □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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	Jan 01, 2020		
ective date, if other than the effective date is listed, the date must	date of filing:	(optional) (filing or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this blo nument's effective date on the De	ck does not meet the applicable statu partment of State's records.	tory filing requirements, this date	will not be listed a
	•		
record specifies a delayed he 90th day after the reco	effective date, but not an effort is filed.	ective time, at 12:01 a.m.	on the earlier (
ed	2019		
Stephen To	they	esentative of a member	

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Filing Fee: \$25.00