## 60600062736

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



000434163950

98/97/24--91004--011 \*\*S5.00



08/07/24

## **COVER LETTER**

Registration Section

TO:

Div	ision of Corp	oorations		
OUD IECT	Nelson Truc	king LLC		
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	<del>-</del>	
rease return	an concapor	-	to me tonowing.	
		Michael R Nelson		
			Name of Person	
		Nelson Trucking LLC		
			Firm/Company	<del></del>
		302 SE 2 court		· •
		-	Address	
		Cystal River Florida 34429		· · · · · · · · · · · · · · · · · · ·
		MTBnelson@aol.com	City/State and Zip Code	PN 6: 07
		<del>'</del>	to be used for future annual report notification)	# 6: 07 
For further in	nformation co	ncerning this matter, please ca	<b>i</b> ll:	ta:
Michael Nel	son		352 461-7743	
	Name of	Person	Area Code Daytime Telepho	one Number
Encloséd is a		e following amount:		
区\$25.00 F	iling 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)
	iling Address gistration So		Street Address: Registration Section	
Division of Corporations		rporations	Division of Corporation	
	). Box 6327 lahassee, F		The Centre of Tallahas 2415 N. Monroe Stree	
. 41			Z 713 14. MOINOG SHCC	i, outle ord

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nelson Trucking LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on <u>06/20/2006</u>	and assigned
Florida document number L06000062736		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
First Choice Business Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	First Choice Business Solutions	s LLC
(Principal office address MUST BE A STREET ADDRESS)	302SE 2 Court	
	Crystal River Fl 34429	
		• • • • • • • • • • • • • • • • • • • •
Enter new mailing address, if applicable:		- 1
(Mailing address MAY BE A POST OFFICE BOX)		, <del>.</del>
		110 <del>-</del>
		72 0
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter (</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Elevida and A	
	Enter Florida street address	
	·	rida
	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 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
<del></del>			□Add
			□Rетюve
			Change
			□Add
			□Remove
			☐ Change
			Add
			Remove
			□ Remove
			□Remove
		<del></del>	Change
	<del> </del>		□Add
		<del> </del>	□Remove
			□Change

			· · · · · · · · · · · · · · · · · · ·		
<del></del>					
<del></del>					
		<u> </u>			
					<u> </u>
<del></del>					
					<del></del>
<del></del>		· · · · · · · · · · · · · · · · · · ·			7.9
					7 1 13-
					1
<u> </u>			<u></u>	<u>-</u>	<del>1</del>
				. n. : :::::::::::::::::::::::::::::::::	PH
					6: 0
				Fi	7
<del></del>			<del></del>		
					····
					_
ective date, if other	than the date of filing:	8/1/2024 	(optic	onal)	
n effective date is listed, the tell is the tell the date inserted	he date must be specific and ca I in this block does not mee	mnot be prior to date of fil et the applicable statute	ing or more than 90 days after ry filing requirements, this	filing.) Pur date will	suant to 605.02 not be listed
	on the Department of Stat		, , , , , , , , , , , , , , , , , , , ,		
ecord specifies a delaye s filed.	ed effective date, but not an	n effective time, at 12:0	l a.m. on the earlier of: (b	) The 90	th day after th
ted		_			
	, , .		0 21	_	
		mal	1 Chla	7/29	12024

Typed or printed name of signee