L07000039126

(F	Requestor's Name)			
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SUCKETARY OF STATE
AND ABASSES OF STATE

D. BRUCE

OCT 26 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Slow Rolli	ing Express, LLC		
		ited Liability Company		
	Amendment and fee(s) are sulported this matter	_		
		Dina Hampton Name of Person		
Elite Office Services of Okeechobee, LLC				
		Address		
	0	keechobee, FL 34974		2
		City/State and Zip Code		
		eliteofficeservicesIIc.com to be used for future annual report not	(fication)	FIL OCT 25 CRETARY
For further information of	concerning this matter, please o	call:		Tag ₹ M
Di	na Hampton	at (_863_)	467-5900	
Name o	of Person		ne Telephone Number	- □ i
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	te of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Slow Rolling E	xpress, LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appea ability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company v	were filed on	4/11/07	and assig	ned
Florida document number L0700039126				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company hei	<u>·e</u> :		
Terry Williams Tr	ucking, LLC			
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Compa	any," the designation	1 "LLC" or the abl	breviatio
Enter new principal offices address, if applicable:			E =	
(Principal office address MUST BE A STREET ADDRESS)			DOT 2	(Annual or or
				*
			3388 848 948	-
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
			Ori No	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		our records, <u>ente</u>	r the name of	the nev
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street a	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

Isamending 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 <u>Title</u> <u>Name</u> Address **Type of Action** Add Remove ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Signature of a member or authorized representative of a member

Terry Williams

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00