108000080195

(Re	questor's Name)
(Ad	dress)	
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(Cit	ty/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
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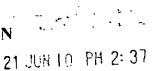
COVER LETTER

TO:

	Registration Se Division of Cor			
enonea:		LIFT TRUCK COMPANY, LLC.		
SUBJECT:Name of Limited 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:	
		ALBERTO RODRIGUEZ, ES	Q	
			Name of Person	
		DOM LAW PA.		
			Firm/Company	
		1814 N 15TH STREET		
			Address	
		TAMPA, FL 33605		
			City/State and Zip Code	
		ALBERTO@DOMLAW.COM		
For further	r information c	E-mail address: (oncerning this matter, please o	to be used for future annual report no all:	tification)
ADAMS, B		·	813 621-4613	
	Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy tadditional copy is enclosed. **Tadditional copy is enclosed.** **Tadditional copy is enclosed.**	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u> Tailing Addres</u> Legistration S		Street Address: Registration So	ection
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ALL WORLD LIFT TRUCK COMPANY, LLC.

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

Florida document number L08000080195 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 "LLC Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
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 "LLC" Enter new principal offices address, if applicable:		
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:		
Enter new principal offices address, if applicable:	••	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered office address here</u> :	gistered	
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		
, Florida, Zip Code		
City Zip Code		

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member 21 JUH 10 PH 2: 37

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	WILLIAM GILBERT ADAMS III	3807 E 15TH AVE	■Add
		TAMPA, FL 33675	□Remove
		<u>.</u>	□Change
			□Add
			□Remove
			□ Change
			□Add
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			□Change
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			🗀 Add
			□Remove
			□ Change

D. If amending any other info	rmation, enter change(s) her	re: (Attach additional sheets, if necessary.) 21 JUN 10 PM 2: 37	
			
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		,	
	•		
			
			
- • • • • • • • • • • • • • • • • • • •			<u> </u>
Note: If the date inserted in the	n the date of filing: te must be specific and cannot be prichis block does not meet the applithe Department of State's record	(optional) or to date of filing or more than 90 days after filing.) Pursuant icable statutory filing requirements, this date will not ls.	to 605.0207 (3)(be listed as the
If the record specifies a delayed eff record is filed.	fective date, but not an effective	time, at 12:01 a.m. on the earlier of: (b) The 90th do	iy after the
Dated MAY 28	2021	·	
W/L			
Hermon's Apramic May 29 20125 to 1791D	Signature of a member or aut	thorized representative of a member	
BELINDA ADAMS			

Filing Fee: \$25.00

Typed or printed name of signee