L09000038844

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

Office Use Only



500251446555

09/11/13--01028--008 **25.00

FILED
2013 SEP 11 PM 3: 38
SEESET-SALL SEE

SEP 12 2013 J. BRYAN

COVER LETTER

τb:

Registration Section Division of Corporations

Land D&L

) & L Trucking and Excavating, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tiffany Gonsalves

Name of Person

Rickey L. Farrell, Attorney at Law, P.A.

Firm/Company

1595 SE Port St. Lucie Blvd.

Address

Port St. Lucie, FL 34952

City/State and Zip Code

dltruckingpaul@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rickey L. Farrell, Esquire

_{4,772},335-5455

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing 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)

M13 SEP 11 PM 3: 38

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**

ELLED PH PH

D & L Trucking and Excavating, LLC

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

iled on April 21, 2009 and assigned
mpany here:
pility Company," the designation "LLC" or the abbreviation
D. Box 15220 ort Pierce, FL 34979
ldress on our records, enter the name of the new
Enter Florida street address
, Florida
2

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 Title Name Address **Type of Action** Rickey L. Farrell 1595 SE Port St. Lucie Blvd. **MGRM** Port St. Lucie, FL 34952 PO Box 15220 Jenna Revels MGRM Fort Pierce, FL 34979 Remove Remove Remove

	.enter change(s) here: (Attach additional sheets, if necessar) esigned as a Member of the LLC
August 28	2013
(h	
Signatur	e of a member or authorized representative of a member
Rickey L. Fai	rrell

Page 3 of 3

Filing Fee: \$25.00

TILED
2013 SEP 11 PH 3: 38
SEPCRESSES FLORIDA