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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

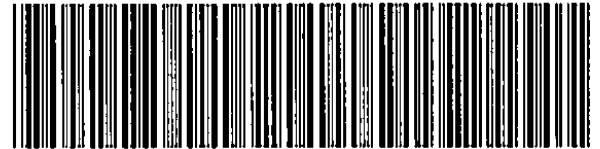
(Business Entity Name)

(Document Number)

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2020 JUN 22 PM 2:11

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Amend

AUG 0 2020  
ALBRITTON

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SCOTT NORWOOD TRUCKING 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:

RICHARD L KOONS III

Name of Person

Firm/Company

45500 JONES WAY

Address

CALLAHAN, FLORIDA 32011

City/State and Zip Code

RESOURCELINKSLLC@GMAIL.COM

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

For further information concerning this matter, please call:

RICHARD L KOONS III

904

446-0130

at ( )

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)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LEVIE J AVERY	11651 NW 129TH STREET	<input type="checkbox"/> Add
		CHIEFLAND FLORIDA 32626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LYNN ANNE NORWOOD	11651 NW 129TH STREET	<input type="checkbox"/> Add
		CHIEFLAND FLORIDA 32626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 11TH, 2020

Robert L. Kears III MGR  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**