

L10000127374

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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10 DEC 30 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 30 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hendrix Hauling Transport + Towing 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:

James W. Hendrix
Name of Person

Firm/Company

297 Patton Drive
Address

Eastpoint FL 32328
City/State and Zip Code

jabo hendrix@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Name of Person at (_____) _____
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Hendrix Hauling Transport + Towing LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/13/10 and assigned
Florida document number L100000127374

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

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 BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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

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10 DEC 30 2010
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TALLAHASSEE, FLORIDA

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
T	Rene Van Lendigham	297 Patton Dr. Eastpoint, Fla. 32328	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MARK A. Thomas	297 Patton Dr. East Point, FL 32328	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	James W. Hendrix	297 Patton Dr. Eastpoint, FL 32328	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
10 DEC 30 2008
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____

Signature of a member or authorized representative of a member
James W. Hendrix
Typed or printed name of signee
Page 2 of 2
Filing Fee: \$25.00