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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer
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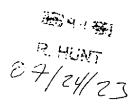
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:				
,	Name of Limi	ted Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	N Jane Puckett EA			
		Name of Person		
	East Washington Accounting	ng Services Inc		
		Firm/Company		
	PO Box 1006		2023	
		Address		C
	Pierson, FL 32180		2023 JUL 24 PM 12: 40	0.00
		City/State and Zip Code	 	200
	jessica.ewas@att.net			
	E-mail address: (to be used for future annual report notifica	ition)	
For further information co	oncerning this matter, please ca	all:		
N Jane Puckett		386 7499010 at ()		
Name o	f Person	Area Code Daytime T	elephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		<u>Street Address:</u> Registration Secti	on	
Division of C		Division of Corpe		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scott Heavy Haul LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 3/14/2011	and assigned
Florida document number L11000031513	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Job Site Solutions Unlimited LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		S V ,
		JUL (1971)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Matting address MAT BE A POST OF FICE BOX)		<u> </u>
B. If amending the registered agent and/or registered	d 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	
	, Florid:	
	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 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, 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>	Address	Type of Action
			□Add
			□Remove
			☐(hange
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Note: It the date inserted in this b	date of filing: st be specific and cannot be prior to date of lock does not meet the applicable state bepartment of State's records.	lutory thing requirements, this date) Pursuant to 605,0207 (3) will not be listed as the
ne record specifies a delayed effection of is filed.	re date, but not an effective time, at l	2:01 a.m. on the earlier of: (b) Th	ie 90th day after the
Dated	2023		
)	1
	Signature of a member sprinthorized to		V.

Filing Fee: \$25.00

Typed or printed name of signee