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.To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : ELLISON LAZENBY PLLC

Account Number : I20150000059

: (727)362-6151

Fax Number : (727)362-6131

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Addres	cc·		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADVANTAGE TRAILER COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVANTAGE TRAILER COMP	led Liability Company as it is (A Florida Limited Liability)	ow appears on our reco Company)	rda.)		
The Articles of Organization for this Limited L	iability Company were fi	led on 05/27/2011	a	nd <b>as</b> si	gned
Florida document number L11000063308					
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liability cor	mpany here:			
The new name must be distinguishable and contain the	words "Limited Liability Comp	eany," the designation "LL	.C" or the abbreviat	ion "L.L	C."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:			3	2021 SE	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			<u></u>	77.1
				l l	17
B. If amending the registered agent and/or	registered office address	on our records, ente	r the name of th	e new	registered
agent and/or the new registered office addre			_ <u></u>	$\ddot{\odot}$	
Name of New Registered Agent:	Christopher A. Bolen		# 	26	<del></del>
New Registered Office Address:	5787 54th Ave. N.				
<u> </u>		Enter Florida street addre	255		
	St. Petersburg	, F	lorida <sup>33709</sup>		
	City	<del></del> _	Zip	Code	<del></del>

## 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 Changing Registered Agent, Signature of New Registered Agent

From: William Lazenby

#åx. 17273628151

Ta:

Fax (850) 617-6383

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□ 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:

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MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Timothy Dodgens	4394 79th Terrace	🖸 Add
		Pinellas Park, FL 33781	■ Remove
			□Change
MGR	Christopher A. Bolen	5787 54th Ave. N.	• Add
		St. Petersburg, F1, 33709	
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
		<del></del>	□Add
			Remove

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(If an a Note	ctive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	August 30, 2024
	Signature of a member of abthorized representative of a member
	Signature of a member of abshorized representative of a member  Christopher A. Bolen

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