Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OTI TRUCKING, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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Taylor Seay 8004323622

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TICLES OF	T AMENDMEN' FO ORGANIZATIO OF		19 SEP 24 PH 8: 00	
OTI TRUCKING, LLC (Name of the Lim	ited Linbility Comp (A Florida Limited	nav sa (t now appears or Liabelity Company)	our records.)	- 400	
The Articles of Organization for this Limited I Florida document number L12000007178	Liability Company	y were filed on 4/17/2	012 an	d assigned	
This amendment is submitted to amend the fol A. If amending name, enter the new name of	•	bility company here:			
The new name must be distinguishable and contain the				no T.L.C."	
Enter new principal offices address, if appli	cable:	2381 Guy N Verger	Blvd	_ 	
(Principal office address MUST BE A STRE)	ET ADDRESS)	Tampa, FL 33605			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOXO	2381 Guy N Verger Tampa, FL 33605	Blvd		
B. If amending the registered agent and registered agent and/or the new registered o	or registered o		ur records, enter the na	me of the new	
Name of New Registered Agent:	Joseph Lassen				
New Registered Office Address:	2381 Ouy N V				
		Enter Florida s			
	Tempa	- Cr	, Florida 33605	u	
		Clov	210 C	exac	

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

Page 1 of 3

If amending Authorized Person(a) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N AMBR = A	Ianager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Arthur Perry, Jr.	2381 Guy N Verger Blvd Tampa, FL 33605	
			Remove
			■ Change
MGR	Austin Taylor	2381 Guy N Verger Blvd Tampa, FL 33605	■ Add
			□ Remove
			D Change . 16
			O Add
			□ Remove
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			C Change

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<u> </u>	Upon Filing	
ective date, if other than the da	e of filing: pecific and cannot be prior to date of filing or more than 90 d	_ (optional)
ter of the date in userted in this block nument's effective date on the Department's	does not meet the applicable statutory filing requireme	nts, this date will not be listed as the
record specifies a delayed ef he 90th day after the record	fective date, but not an effective time, at 1. is filed.	2:01 a.m. on the earlier of:
September 24	2019	
	<u> </u>	
Sig	saure of a member or sumorized in resonante of a member	
Austin Taylor		
Austin Taylor		

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Filing Fee: \$25.00