

L13000055035

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JUL 08 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tyrone 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:

Tyrone Anderson  
Name of Person

Tyrone Trucking LLC  
Firm/Company

508 N. 19th St., Apt B  
Address

Ft. Pierce, FL 34947  
City/State and Zip Code

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

For further information concerning this matter, please call:

Tyrone Anderson at 772 940-8627  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Tyrone Trucking 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 4/15/2013 and assigned  
Florida document number L13000055035

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Stays the same as currently

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)

Tyrone Anderson  
508 N. 19th Street, Apt B  
Ft. Pierce, FL 34947

**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:

Tyrone Anderson

New Registered Office Address:

508 N. 19th Street, Apt B  
Enter Florida street address

Ft. Pierce, Florida 34947  
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.

Tyrone Anderson  
If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tyrone Anderson	508 N. 19th St., Apt B	<input checked="" type="checkbox"/> Add
		Ft. Pierce FL 34947	<input type="checkbox"/> Remove
MGR	William T. Hopkins	2704 S. 27th St.	<input type="checkbox"/> Add
		Ft. Pierce FL 34981	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA  
APR 11: 29

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

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Dated July 3, 2003.

*Tyrone Anderson*

Signature of a member or authorized representative of a member

*William T. Hopkins*

*Tyrone Anderson*

Typed or printed name of signee

*William T. Hopkins*

Page 3 of 3

Filing Fee: \$25.00

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**Tyrone Trucking LLC  
508 N. 19<sup>th</sup> Street, Apt B  
Forty Pierce, Fl 34947  
PH: 772-9408627**

**Acceptance Statement**

**7/3/2013**

**Florida Department of State- Division of Corporations,**

**I, Tyrone Anderson, am accepting the appointment of the above said LLC and am familiar with and accepts the obligations of this position as registered agent and manager.**

**I, William T. Hopkins, am accepting the remove of myself from Manager and registered agent of the above given LLC.**

**Should you need any further assistance, please feel free to contact. Thank you and have a wonderful day!**

  
**Tyrone Anderson** 7-3-2013  
**Date**

  
**William T Hopkins** 7-3-13  
**Date**

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