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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER APR 3 0 2018

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		JLING, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspon	ndence concerning this matter	to the following:	
		FARZANEH HOWE		
			Name of Person	
		M & F HAULING, LLC		
			Firm/Company	
		12841 DARBY RIDGE DI	RIVE	
			Address	······
		TAMPA, FL 33624		
			City/State and Zip Code	-
		MANDFHAULING@YAH	OO.COM to be used for future annual report noti	fication)
For further i	nformation co	oncerning this matter, please ca		incation)
FARZANE			813 369-1400 at ()	e Telephone Number
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e 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)
	MAILI	NG ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

M & F HAULING, LLC				
(<u>Name of the Limited Liabi</u> (A Florio	ility Company as it now appears da Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Florida document number L13000140353	Company were filed on 01/0	01/2014	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>re</u> :		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)		TO ALL	
			APR	
			27	
Enter new mailing address, if applicable:			32 MG	
(Mailing address MAY BE A POST OFFICE BOX)	·		<u>မှ ြို့</u>	
			5 37	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		our records, ente	er the name of the	
Name of New Registered Agent:				
Name of New Registered Agent:				
Name of New Registered Agent: New Registered Office Address:	Enter Flori	da strect address		
	Enter Floria	da street address , Florida		

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

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>	<u>Address</u>	Type of Action
MGRM	MATTHEW P HOWE		□ ∧dd
		12841 DARBY RIDGE DR, TAN	14A, FL 33624 ■ Remove
AMBR	FARZANEH HOWE	12841 DARBY RIDGE DR, TA	MPA, FC 33624 ■ Add
		CHARLE W. V.	☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
	 		□ Add
			□ Remove
		18-1	Change
			□ Add
			☐ Remove
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			□ Add
			□ Remove
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n effective date is lis te: If the date ins	ther than the date of ted, the date must be spe- erted in this block does date on the Departme	cific and cannot be pr es not meet the app	or to date of filing or t icable statutory fili		filing.) Pursuant to 605	
he 90th day a	es a delayed effec fter the record is	filed.		·	.m. on the earlie	er (
ed Upk	Pil 25 Signatu	, 20/	<u>E</u> .			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00