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K. SALY EXAMINER APR 15 2014

COVER LETTER

TO: Registration Secti Division of Corpo	
SUBJECT: God W	/orks Hauling, LLC
	Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	Johnsson Josph
	Name of Person
	God Works Hauling, LLC
	Firm/Company
	3211 NE 7th Ave, Apt. A
	Address
	Pompano Beach, FL 33064
	City/State and Zip Code
	manmanpapa@yahoo.com E-mail address: (to be used for future annual report notification)
E. S. V.	
	cerning this matter, please call:
Johnson Jos	seph _{at.} 954 _. 918-8616
Name of Po	
Enclosed is a check for the	following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2014 APR 14 PM 5: 00
TALLAHASSEE, FLORIDA

GOD WORKS HAULING, 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 L Florida document number L14000051789	iability Company	y were filed on 03/2	8/2014	_ and assigned
Florida document number 214000001700	 •			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited lial	bility company here:		
N/A				
The new name must be distinguishable and end with the	words "Limited Lia	bility Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		N/A		
	DOIN.	•		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and	or registered (office address on o	ur records, enter tl	ne name of the nev
registered agent and/or the new registered o			ar records, <u>enter ti</u>	to hame of the nev
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
Enter Florida street address				
			, Florida	
		City	, 1101164	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Address Type of Action Title** Name JOSEPH, ISELANDE MGR _□ Add ■ Remove 3211 NE 7TH AVE APT. A MGR FRANCOIS, ISELANDE POMPANO BEACH, FL 33064 Remove _□ Add ☐ Remove ☐ Add _□ Remove □ Add ☐ Remove □ Add ☐ Remove

N/A	, , , , , , , , , , , , , , , , , , , ,
ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and can date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
APRIL 11 2014	
New	
Signature of a member or authorized representa	ative of a member
JOHNSON JOSEPH	
Typed or printed name of signe	ee

Page 3 of 3

Filing Fee: \$25.00