

L14000174970

(Requestor's Name)

(Address)

(Address)

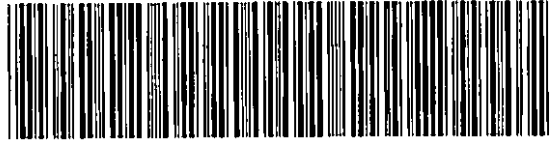
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



100321599301

12/14/18--01019--004 •••••

Special Instructions to Filing Officer:

Office Use Only

APPROVED
AND
FILED
2018 DEC 14 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

45

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRAWBERRY'S DIESEL WORKS 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:

JEFFREY YEAGER

Name of Person

STRAWBERRY'S DIESEL WORKS, LLC

Firm/Company

P.O. Box 625

Address

ZELLWOOD, FL 32798

City/State and Zip Code

sdieselworks@gmail.com

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

For further information concerning this matter, please call:

JEFFREY YEAGER

Name of Person

at (352) 552-8076

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

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

STRAWBERRY'S DIESEL WORKS, 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 11/12/2014 and assigned Florida document number L14000174970.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain 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)

N/A

APPROVED
AND
FILED
2018 DEC 14 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

JEFFREY YEAGER

New Registered Office Address:

15930 CR 48

Enter Florida street address

ASTATULA

Florida

324705

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 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>	<u>Type of Action</u>
MGR	SHANNON YEAGER	P.O. Box 625	<input type="checkbox"/> Add
		ZELLWOOD, FL 32798	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DOROTHY YEAGER	15930 CR 48	<input checked="" type="checkbox"/> Add
		ASTATULA, FL 34705	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 DEC 14 PM 4:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 APPROVED AND FILED

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

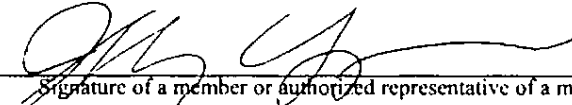
Multiple horizontal lines for amending information, with a diagonal line drawn across them from the bottom left to the top right.

APPROVED AND FILED
2018 DEC 14 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: N/A (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated DECEMBER 12 . 2018 .



Signature of a member or authorized representative of a member

JEFFREY YEAGER

Typed or printed name of signee