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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2015 OCT 30 P 4: 03

NOV 0 2 2015 J. BRUCE

COVER LETTER

Division of Corp			
SUBJECT: Dowl	ole J TRUCKIN Name of Lin	ic of Plant City	1 —
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		A-Pettis Name of Person TRUCKING OF F Firm/Company	Plant aty
	P.O. Box		
	Planto	ity F1. 33 City/State and Zip Code	
	Move F-mail address:	to be used for future annual report notif	ication) LEG
For further information con	ncerning this matter, please ca	•	TALLAHASSEE, CO
Joyce Pet Name of	Person	at (813) 918 - Area Code Daytime	Telephone Number of Fig. 19
Enclosed is a check for the	following amount:		>
	□ \$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)
MAHIN	IC ADDRESS:	STD FET/COUDIN	FD ADDDESS.

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Double J TRUCKING (Name of the Limited Liability Company (A Florida Limited Liability)	as it now ap	P la	nt Ci	ty 2	<u>_</u> LC	
The Articles of Organization for this Limited Eiability Company w				and	assigned	đ
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability	y compan	<u>y here</u> :				
The new name must be distinguishable and contain the words "Limited Liability	Company," t	he designat	ion "LLC" or the	abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:		_				
(Principal office address MUST BE A STREET ADDRESS)	<u></u>					
			9.	٤ .		· ·
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
		· 		<u>.</u>		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address	on our	records, HASE	r He nar	ne of th	<u>ne new</u>
Name of New Registered Agent:		•		0	m	
New Registered Office Address:	Enter	Florida str	eet address	t: 03		
			Florida			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
<i>MGR</i> m	Jessica A. Pettis	1302 S. EVERS St.	
		1302 5. EVERS St. Plant City, Fl, 33563	Remove
			Change
			🖸 Add
			🗆 Remove
			Change
			🖸 Add
			□ Remove
			☐ Change
			Add
			☐ Remove
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			☐ Change

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Filing Fee: \$25.00