

L15000058423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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04/10/15--01018--007 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2015 APR 10 PM 1:53

EFFECTIVE DATE

April 7, 2015

Amend/Name
ch8
@ 4.23.15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FENLEY MAYLE 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:

JOSEPH FINLEY JR

Name of Person

FENLEY MAYLE TRUCKING LLC

Firm/Company

1618 E LINDEN AVE

Address

TAMPA FL 33604

City/State and Zip Code

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

For further information concerning this matter, please call:

JOSEPH FINLEY JR

813 931-4304
at ()

Name of Person

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

EFFECTIVE DATE
April 17, 2015

FENLEY MAYLE 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 04/02/2015 and assigned
Florida document number L15000058423

This amendment is submitted to amend the following:

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

FINLEY & MAYIE TRUCKING LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED STATE
SECRETARY OF CORPORATIONS
2015 APR 10 PM 1:53

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:

JOSEPH FINLEY JR

New Registered Office Address:

1618 E LINDEN AVE

Enter Florida street address

TAMPA

City

Florida 33604

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.

Joseph Finley Jr
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

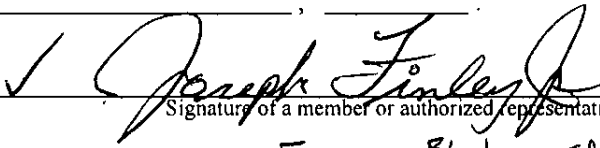
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSEPH FINLEY JR	1618 E LINDEN AVE	<input checked="" type="checkbox"/> Add
		TAMPA FL 33604	<input type="checkbox"/> Remove
MGR	JOSEPH FENLEY JR	1618 E LINDEN AVE	<input type="checkbox"/> Add
		TAMPA FL 33604	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 04/07/2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 7, 2015



Signature of a member or authorized representative of a member
Joseph Finley Jr

Typed or printed name of signee