

45000116941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

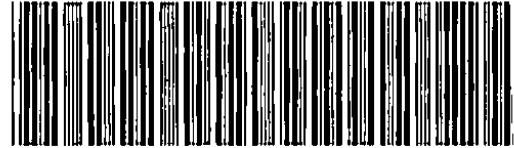
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/13/20--01021--040 \*

2020 MAY 13 AM 8:44  
FILED  
MAY 13 2020  
10:00

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Waldron Brothers 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:

Luke Waldron  
Name of Person

\_\_\_\_\_  
Firm/Company

5302 Durcan Ridge Road  
Address

Marianna FL 32448  
City/State and Zip Code

CSamgo3@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luke Waldron at (863) 263-2208  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

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

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Waldron Brothers Trucking LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
_____	_____	_____	<input type="checkbox"/> /
		_____	<input type="checkbox"/> R
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Ch
_____	_____	_____	<input type="checkbox"/> Ad
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		_____	<input type="checkbox"/> Rem
		_____	<input type="checkbox"/> Chan
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		_____	<input type="checkbox"/> Remo
		_____	<input type="checkbox"/> Chang
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remo
		_____	<input type="checkbox"/> Chang

2029 MAY 10 AM 8:44  
SECURITY  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-21-11 BY 60322

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

2008 MAY 13 PM 8:44  
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F. Effective date, if other than the date of filing: 5/9/2020 (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

**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 record is filed.

Dated

May 9, 2020

Luke Waldron  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Luke J Waldron

Typed or printed name of signee

**Filing Fee: \$25.00**