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COVER LETTER

Division of Co	orporations		
Custom I	Hauling Services LLC		
SUBJECT:			
		nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Zachary R Day		
		Name of Person	
	Custom Hauling Services	s LLC	
		Firm/Company	
	345 Gladesdale Street		
		Address	· · · · · · · · · · · · · · · · · · ·
	Haines City, FL 33844		
	customhaulingservices@g	City/State and Zip Code mail.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please o	ail:	
Zachary Day		407 467-8917	
		at () Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

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

Custom Hauling Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number ____L16000014285 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida _ City

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>	Address	Type of Action
MGR	KYLESALFORD	120 WALDEMAR COURT SE WINTER HAVEN, FL 33884	
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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be prior to date of filing of does not meet the applicable statutory file	(optional) r more than 90 days after filing.) Pursuant to 6 ling requirements, this date will not be li	05.0207 sted as
document's effective date on the 19epa	itinesit of State's records.		
ne record specifies a delayed e The 90th day after the record	ffective date, but not an effective d is filed.	e time, at 12:01 a.m. on the ear	lier of
МАУ 28ТН	2019		
Dated	·		
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