

L160000047473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

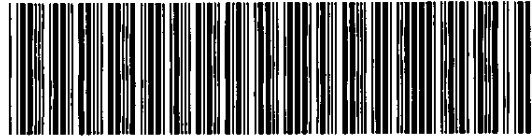
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700284477807

RECEIVED
16 APR 12 PM 2:17
SUFFICIENTLY
TO ADVISE
SUFFICIENTLY

FILED
2016 APR 12 A 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 13 2016
J. BRUCE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 092991 8090680

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : April 6, 2016

ORDER TIME : 10:50 AM

ORDER NO. : 092991-010

CUSTOMER NO: 8090680

DOMESTIC AMENDMENT FILING

NAME: ELLIS II TRUCKING LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

FILED
2016 APR 12 A 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELLIS II 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ()

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

SECRET
TALLAHASSEE
FLORIDA

2016 APR 12 A 11:22

FILED

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

ELLIS II 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 _____ and assigned
Florida document number L16000047473

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 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)

**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

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 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

Title	Name	Address	Type of Action
MGR	Removing Member Jeffrey L. Ellis	1951 CEDAR RIDGE GIRCLE	<input type="checkbox"/> Add
		MILTON, FL 32570	<input checked="" type="checkbox"/> Remove
		850-501-4549	
AMBR	TERRY M. ELLIS	1951 CEDAR RIDGE GIRCLE	<input checked="" type="checkbox"/> Add
		MILTON, FL 32570	<input type="checkbox"/> Remove
		850-206-7386	
MBR	TAYLOR R. ELLIS	1951 CEDAR RIDGE GIRCLE	<input checked="" type="checkbox"/> Add
		MILTON, FL 32570	<input type="checkbox"/> Remove
		850-266-4444	
MBR	JEFFREY L. ELLIS	1951 CEDAR RIDGE GIRCLE	<input checked="" type="checkbox"/> Add
		MILTON, FL 32570	<input type="checkbox"/> Remove
		850-501-4549	
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2015 APR 9 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: _____ (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 11TH, 2016



(Signature of a member or authorized representative of a member)

Jeffrey L. Ellis

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2016 APR 12 A 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA