L16000137363

	questor's Name)	
(//e	questors (varie)	
	_ · · · · ·	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
_	_	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
·	·	•
- (Do	cument Number)	
(23		
Cartified Carine	Contification	of Status
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	
		

Office Use Only



600371494516

2021 OCT -5 AM ID: 31

COVER LETTER

	gistration S vision of Co			
SUBJECT:	ROLY'S T	RUCKING LLC		
romono.		Name of Li	mited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are so	ibmitted for filipp	
		ondence concerning this matte		1 1
		Rofisander Santiesteban		
			Name of Person	i
	t		Firm/Company	
		2108 W HIAWATHA ST		i
		TAMPA FL 33604	Address	, ,
			City/State and Zip Code	
For further in	formation		(to be used for future annual report notifie	ation)
Rolisander S		incerning this matter, please c		
Name of Person		Person	813 4101807 at (elephone Number
			Naytinic 1	Crephone Municer
Enclosed is a	check for the	: following amount:		1
□ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional cupy is enclosed)
Regi Divi P.O.	ing Address: stration Se sion of Co Box 6327 thassee, FI	ection rporations	Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe S	rations ahassee treet, Suite 810

ARTICLES OF AMENDMENT PARTICLES OF ORGANIZATION

ROLY'S TRUCKING INC	!	i
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	ı
The Articles of Organization for this Limited Liability Comparida document number L16000137363	1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited h	iability company here:	
Roly'S Trucking LLC he new name must be distinguishable and contain the words "Limited Li		,
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the ab	breviation "L.L.C."
Inter 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)		
t Hamanding share a second		
'- P AUTURUM THE FERNIEFER ABENT ANALOG PARIETARIAL AFT		
ent and/or the new registered agent and/or registered office address here:	e address on our records, enter the nam-	e of the new regis
. If amending the registered agent and/or registered office and/or the new registered office address here:	e address on our records, enter the name	e of the new regis
Paint and/or the new registered agent and/or registered office address here: Name of New Registered Agent:	e address on our records, enter the nam	e of the new regist
Name of New Registered Agent:	e address on our records, enter the nam	e of the new regis
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	e of the new regis
Name of New Registered Agent:		e of the new regis

ecept 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 = M $AMBR = M$	danager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
-	·		
		44.	I □Remove
			hange
			□Add
			□Remove
			□Change
			□Add
			(⊟Remove
		:	□Add
			□Remove
			[] Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

					
					_
					_
	- <u> </u>				
	· · · · · · · · · · · · · · · · · · ·				_
		·			
					_
				,	_
				•	_
					-
				,	_
					-
				<u> </u>	-
					-
				·	-
ffective date, if other than the date of an effective date is listed, the date must be spectore: If the date inserted in this block dococument's effective date on the Department.	of filing:eitie and cannot be prior cs not meet the applier ent of State's records.	to date of filing or more than able statutory filing requi	(optional) n 90 days after filing frements, this date) Pursuant to 60; will not be list	5.020 ted a
record specifies a delayed effective date, l is filed.	but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (ħ) - Th	e 90th đay afie.	r the
ned	2021				
	Donne	- ·		{	2021
Signatui SANTIESTEBAN, ROLISANT	1	ized representative of a me	mber	The state of the s	2021 OCT _s

Filing Fee: \$25.00