

216000139525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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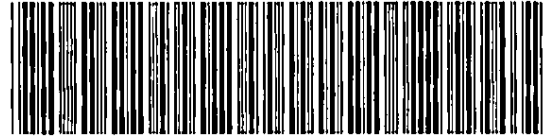
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 JUN 12 AM 11:01

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JUN 14 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: R & S TRUCKING OF TAMPA, 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:

Christopher Price / Daniel Hunnewell, Jr.

\_\_\_\_\_  
Name of Person

R & S TRUCKING OF TAMPA, LLC

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

P.O. Box 670

\_\_\_\_\_  
Address

Land O' Lakes, FL 34639

\_\_\_\_\_  
City/State and Zip Code

chris@tampaheavyhaul.com

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

For further information concerning this matter, please call:

Sharon Hunnewell-Johnson

813

234-2264

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**

R & S TRUCKING OF TAMPA, 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 07/25/2016 and assigned  
Florida document number L16000139525.

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)**

21731 SR 54

Lutz, FL 33549

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. Box 670

Land O' Lakes, FL 34639

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**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:

Daniel Hunnewell, Jr.

New Registered Office Address:

17289 RAIN TREE

*Enter Florida street address*

Lutz

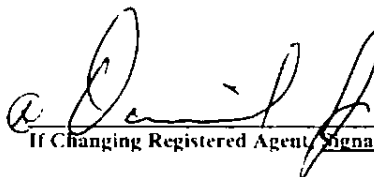
*City*

Florida 33558

*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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sharon Hunnewell-Johnson	204 E. M.L. King	<input type="checkbox"/> Add
		Tampa FL 33603	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ricky Johnson	204 E. M.L. King	<input type="checkbox"/> Add
		Tampa FL 33603	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Daniel Hunnewell, Jr.	P.O. Box 670	<input checked="" type="checkbox"/> Add
		Land O' Lakes, FL 34639	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christopher Price	P.O. Box 670	<input checked="" type="checkbox"/> Add
		Land O' Lakes, FL 34639	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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**E. Effective date, if other than the date of filing:** June 6, 2018 (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 605.0207 (3)(b)

**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 the record is filed.

Dated June 6, 2018

Stam Dunneville-Johnson  
Signature of a member or authorized representative of a member

Sharon Hunnewell-Johnson

Typed or printed name of signee