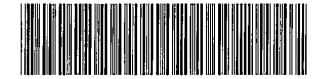
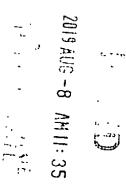
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R. WHITE E105 8 0 DUA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Tallahassee Tonk Exchange LLC Name of Limited Liability Ompany
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Zachany C. Derrick Name of Person
Tallahassee Tank Exchange LLC Firm/Company
106 Wood ridge Lane
Cacho GA 39827  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fack Derrick at (850) 363-1995  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  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
Tallahussee, FL 32301

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

Tallahassee Tank	k Exchan	ge LLC	2019 AUG -	8 AM 11: 36
Tallahassee Tank	d Liability Compar A Florida Limited L	ivas it now appear iability Company)	's on our records.)	, A. E.
The Articles of Organization for this Limited Lia Florida document number <u>L 16000 143</u>	ability Company	were filed on	8-4-16	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company ho	<u>ere</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the C	lesignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREET	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>			
		<del></del> -		
B. If amending the registered agent and/or registered agent and/or the new registered of			1 our records, <u>er</u>	iter the name of the ne
Name of New Registered Agent:	_Chrts	Har Me	relo	
New Registered Office Address:	205	Minnie Enter Flo	wha Circle	<u> </u>
	Hoines	C: H	, Florid	ia <u>33844</u> 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.

gent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add-· or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> <u>Name</u> <u>Title</u> □ Add ☐ Remove ☐ Change  $\square$  Add ☐ Remove \_\_ 

Change \_□ Add ☐ Remove □ Add ☐ Remove □ Remove \_\_\_\_\_ Change □ Remove

\_\_\_\_\_\_ Change

Note	ctive date, if other than the date of filing:
fther b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	d <u>8-8-</u> . 2019
-	
	Signature of a member or authorized representative of a member
	2 Luckay C. Derrick
	Transfer printed frame of signer

Page 3 of 3

Filing Fee: \$25.00