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COVER LETTER

Division o	of Corporations			
Law SUBJECT:	rence Trucking LLC			
30B02C1	Name of Lin	nited Liability Company		
The enclosed Artic	les of Amendment and fee(s) are sub	omitted for filing.		
Please return all co	rrespondence concerning this matter	to the following:		
	Gerald A Lawrence			
		Name of Person		
	Lawrence Trucking LLC			
		Firm/Company		
	12177 Sugar Pines Trail			
		Address	 	
	Wellington FL 33411			
	lawrences211@gmail.com	City/State and Zip Code	fication)	77
	E-mail address: (to be used for future annual report notif	fication)	1 :
For further informat	tion concerning this matter, please co	all:		
Shelia Harvey-Law	rence	561 261-3273	e Telephone Number	
N:	ame of Person		e Telephone Number	
Enclosed is a check	for the following amount:		•	
□ \$25.00 Filing Fo	ee ■ \$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:

TO:

Registration Section

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**

Lawrence Trucking LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	August 31, 2016	and assigned
Florida document numberL16000163283			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	re:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	esignation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12177 Sugar Pin	es Trail	
(Principal office address MUST BE A STREET ADDRESS)	Wellington FL 3	3411	
		<u> </u>	
Enter new mailing address, if applicable:	12177 Sugar Pin	es Trail	57
(Mailing address MAY BE A POST OFFICE BOX)	Wellington FL 3	3411	7
			3.3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on	our records, <u>en</u>	The grant
registered agent and/or the new registered office address her	<u>¢</u> ;		
Name of New Registered Agent:	· <u>-</u> -		09 10A
New Registered Office Address:			
	Enter Flori	da street address	
	Civi	, Florida	
New Registered Agent's Signature if changing Degistered Agent.	City		Zip Code

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
AMBR	Genesis Manuel Mercedes	519 SE 1st ST Belle Glade, FL 334	■ Add
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ated	October 10.	2017			
	Getober 10. Herald Signat	G. Janse	vel		
	Signat	ure of a member or author	ized representative of a	member	
		Gerald Anthor			

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Filing Fee: \$25.00