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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

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	stration Secti sion of Corpo					
	SOUTHLANI	O TRUCKING LLC				
SUBJECT:		Name of Limit	ed Liability Company			
The enclosed	Articles of Ar	mendment and fee(s) are subm	nitted for filing.			
Please return	ail correspond	ence concerning this matter to	o the following:			
		DARRELL TIMBERLAKE	E			
			Name of Person	<u></u>	_	
			Firm/Company		_	
		5200 W NEWBERRY RD	BLDG C			
			Address			
		GAINESVILLE, FL 32607				
			City/State and Zip Code			
		DARRELL@CORNERSTO			<u></u>	
		E-mail address: (to	o be used for future annual rep	ort notification)		
For further in	iformation con	cerning this matter, please ca	II:		AL SE	
STEPHEN N	MANDELL		352 244-0	326	ZOUB DEL	71
	Name of I	Person		Daytime Telephone Num	SAN CO	FILE
Enclosed is a	check for the	following amount:			F SIAI	D
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certifi cd) Certifi	Filing Feet icate of Status & ed Copy mal 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

SOUTHLAND TRUCKING LLC	
(<u>Name of the Limited Liability Company as it now app</u> (A Florida Limited Liability Compan	pears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on	11/15/2016 and assigned
Florida document number L16000209561	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
SOUTHLAND FREIGHT BROKERAGE LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	
Enter new principal offices address, if applicable:	SECR
(Principal office address MUST BE A STREET ADDRESS)	
	SAN I
Enter new mailing address, if applicable:	22 w
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address	on our records enter the name of the n
registered agent and/or the new registered office address here:	on our records, enter the name of the p
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	, Florida
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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
_ _			
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			☐ Change
			☐ Remove
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