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(Req	uestor's Name)
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(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
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DIVISION OF CORPORATION TALLAHASSEE, FLORIDA

2022 HAY 27 PM

HAY 27 PM 3: 2:

RECEIVED

J 5/27/2012

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: W	ne Fuento Name of Lin	Lin Trucking and Liability Company	J LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wayne Fr 149 SE	Name of Person Stura Quarter Firm Company Address Address	n ling LLC Jes St
For further information c	E-mail address: (City/State and Zip Code to be used for future annual report noti	tication)
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



M) mune Founta	in Touckin	C.) (2022 MAY 27 PM 3: 23
(A Florida Lin	ompany as it now appears on our ited Liability Company)	TAL' IZE, FL
The Articles of Organization for this Limited Liability Comp. Florida document number	pany were filed on01/2	3/2017 and assigned
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	a "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES:	<u> </u>	····
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree:	address
		, Florida
	Cin	Zip Corte

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 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	Christina Fountain	128425. Pleasant Grove	RALDAM
		Floral City, Fl. 34436	R emove
		/	
			□Add
			Change
		□Add	
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
The recor	d 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 ed.
Dated	May 27, 207.7. May 27, 207.7. May 27, 207.7. May 27, 207.7. Millipse, Flandson Mighature of a member or authorized representative of a member
	Wayne Fountain Typed or printed name of signee

Filing Fee: \$25.00