

L17000024355

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FEB 20 2017  
S. YOUNG

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TALLAHASSEE, FLORIDA  
17 FEB 17 AM 10:36

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Four D's Trucking 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:

Byron Clark  
Name of Person

FOUR D'S TRUCKING LLC  
Firm/Company

5222 Fletcher Street  
Address

Hollywood FL 33021  
City/State and Zip Code

C\_Clark70@yahoo.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

Byron Clark at (954) 588-6189  
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

FOUR D'S TRUCKING 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 1/31/2017 and assigned  
Florida document number L17000024355

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)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX)

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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          | Byron Clark | 5222 Fletcher St.   | <input checked="" type="checkbox"/> Add |
|              |             | Hollywood Fl. 33021 | <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         |
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|              |             |                     | <input type="checkbox"/> Remove         |
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|              |             |                     | <input type="checkbox"/> Remove         |
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|              |             |                     | <input type="checkbox"/> Remove         |
|              |             |                     | <input type="checkbox"/> Change         |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB 17 AM 10:49

17 FEB 17 AM 10:10

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TARIFF OF FLORIDA  
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(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.

Dated 2/13, 2017

*Byron Clark*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Byron Clark  
Typed

Typed or printed name of signee