# L17000056719

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<del>e</del> #)
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

SULKER 0CT 2.9 2019

## **COVER LETTER**

TO:	Registration Se Division of Cor		,	5.5	ı
CLIBIE	T.	rue Haul. LLC		4 1 4	1
SUBJE	C1:	Name of Lim	ited Liability Company	<u>.</u>	-
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Carmen Perez			
			Name of Person		
		True Haul, LLC			
			Firm/Company	<del></del>	_
		201 S.W. 2nd Aven	ue, Suite 111		
		· · · · · · · · · · · · · · · · · · ·	Address		_
		Florida City. Florida	1 33034		
		earmen@truehaul.ne	City/State and Zip Code	•	_
•		E-mail address: (	to be used for future annual report noti	fication)	-
For furth	her information c	oncerning this matter, please co	atl:		
Carm	en Perez		786 610-0330 at ( )		
	Name o	f Person		e Telephone Numb	eer
Enclose	d is a check for th	ne following amount:			
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy al 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

true Haul, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL17000056719	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	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: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		1019 OCT
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the
		STATE OF T
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	. Flori	ida
	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>	Type of Action
VP	Kevin Perez	201 S.W. 2nd Avenue, Suite 111 Florida City, Florida 33034	<b>■</b> Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
	<del></del>		
			Remove
			□ Change
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an eff <u>Note:</u>	ive date, if other than the date of filing:
e red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	October 4th
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00