

L17000070319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2018 APR -2 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 04 2019  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DESTIN LUXURY SHUTTLE SERVICE 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:

MICHAEL M. PETTITT

Name of Person

Firm/Company

2147 HAGWOOD LOOP

Address

CRESTVIEW, FL. 32536

City/State and Zip Code

mpettittpa@b@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL M. PETTITT

Name of Person

at ( 321 )

Area Code

537-2217

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**

DESTIN LUXURY SHUTTLE SERVICE 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 3/28/2017 and assigned Florida document number L17000070319.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CALL2HAUL LLC

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)

2147 HAGOOD LOOP  
CRESTVIEW, FL. 32536

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 991  
CRESTVIEW, FL 32536

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:

MICHAEL M. PETTITT

New Registered Office Address:

2147 HAGOOD LOOP

Enter Florida street address

CRESTVIEW

City

Florida

32536

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.*

Michael M. Pettitt  
If Changing Registered Agent, Signature of New Registered Agent

FILED  
MAR 29 2017  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2018 APR - 1 PM 4:00  
SEVEN OF FIVE  
TALLAHASSEE FLORIDA  
FILE

[illegible]

**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 MAR 30, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED  
2018 APR -2 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA