W17000070846

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	ocument Number)	
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C/ 10/3/2002

COVER LETTER

TO:

TO: Registration Sec bivision of Corp			
SURJECT: FI ASI	HLIGHT TRUCK	ING LLC	
Sobsect. Transfer	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	JACOB SFI	SO MAHLASELA Name of Person	
	FLASHLIGH	TRUCKING Firm/Company	LLC
	1010 INDIAN	TRACE CIRCLE	E,APT 203
	WEST PALM BE	City/State and Zip Code	
	LIZZETTEMON E-mail address: (to	JARE & JAHOO. COM o be used for future annual report notif	fication)
For further information co	ncerning this matter, please ca	d1:	
JACOB SFI	SO MAHLACELA	at (<u>954</u>) <u>258</u> Area Code Daytime	4980
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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)
<u>Mailing Address</u> Registration S		Street Address: Registration Sec	ction
Division of Co		Division of Cor	
P.O. Box 6327	7	The Centre of T	allahassee
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Florida Limited Liability Company)
ability Company were filed on 03/29/2017 and assigned.
346
wing:
the limited liability company here:
ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
able:
T ADDRESS)
·

<u></u>
egistered office address on our records, <u>enter the name of the new registere</u> s here:
MAKGOSHI LIZZETTE MONARE
1010 INDIAN TRACE CIRCLE, APT 203 Enter Florida street address

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
MRR	CULIN R BLAIR	807 SW 8TH TERRACE	□Add
		FORT LAUDERDALE IFL 333,15	A Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		□Add	
			□Remove
		□Change	
		□Add	
			Remove
			□ Changa

11 amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: 1	e date, if other than the date of filing:
ne record ord is file	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 d.
Dated _	09/22/2022
	Signatury of a member or authorized representative of a member
	Jacob Sfiso Mahlasela Typed or printed name of signee