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SECRETARY OF STATE

S Warren MAY - 2 2017

TO: Registration Section Division of Corporations: The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call:

MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Daytime Telephone Number

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy -

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home Town Trucking (Name of the Limited Liability Comp	440		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	Pr:1 10, 2017	7_ and assigned
This amendment is submitted to amend the following:			
	L 1824	2	
A. If amending name, enter the new name of the limited lia	omy company nere		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		·	
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
	2,,,,,,		,
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		·
hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of m provided for in Ch e address, I hereby	y duties, and I am fo apter 605, F.S. Or,	amiliar with and if this document is ited liability AHASE AHASE
	_		me 📚 iii

Page 1 of 3

MGR = Manager AMBR = Authorized Member Title <u>Address</u> Type of Action <u>Name</u> President John Hall J. PO BOX 424 DAdd Woodville A 32362 | Remove Charlestha Hall Po Box 424 Joodville FL 32362 Remove El-Change □ Add □ Remove ☐ Change □ Add · □ Remove ☐ Change □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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