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D. SCOTT FEB 1 3 2018

## **COVER LETTER**

Division of Corporations
SUBJECT: And Chance Truckling 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:
Elder Caldwell Name of Person
and Chance Truckking LLC Firm/Company
Firm/Company
8541 OID Orange Park Rd
Addices
City/State and Zip Code  And Chance trucking 10 @ gmail.com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Elder Caldwell at (904) 405.7327: E  Name of Person Area Code Daytime Telephone Number:
Name of Person Area Code Daytime Telephone Number
ASSE
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 F

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

SNA Chance	Irretking LC	our records )	
(A Flo	bility Company as it now appears on corida Limited Liability Company)	sar records.)	
The Articles of Organization for this Limited Liabilit		ay 11 2017 and assigned	
This amendment is submitted to amend the following			
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 designa	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		·	_
(Principal office address MUST BE A STREET AD	DRESS)		_
			_
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			_
			_
		ש ש ש בייבו בייבו	
B. If amending the registered agent and/or registered agent and/or the new registered office a		=======================================	nev
registered agent unity of the new registered office a	iddi cas nere.		
Name of New Registered Agent:			_
New Registered Office Address:			
new registered office radicas.	Enter Florida st	reet 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>	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00