

L17000115877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

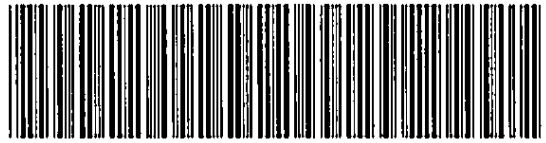
(Business Entity Name)

(Document Number)

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2018 OCT 26 PM 11:11  
Clerk of Superior Court

11/8/18 DS

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: ST JOHN VALLEY TRUCKING 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:

CHRISTOPHER LOWE  
Name of Person

ST JOHN VALLEY TRUCKING LLC  
Firm/Company

244 W.S. #1 P.O. Box 214  
Address

FRENCHVILLE MAINE 04745  
City/State and Zip Code

MURLOWE 598 C E-MAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MURRAY LOWE at 352 321 1986  
Name of Person Area Code 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

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OCT 26 PM 11:11

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ST. JOHN VALLEY TRUCKING 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 MAY 25 / 2017 and assigned Florida document number L17000115877.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

244 U.S. HWY # 1  
FRENCHVILLE ME.  
04745

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 214  
FRENCHVILLE ME  
04745

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:

CHRISTOPHER LOWE

New Registered Office Address:

~~244 U.S. HWY # 1~~ ~~FR~~ 5551 SW 18TH TERRACE  
BUCHANAN, Florida 33513  
City Zip Code  
LOT # 21

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.

Christopher Lowe  
If Changing Registered Agent, Signature of New Registered Agent

If appending 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>
AMBR.	CHRISTOPHER GREENW LOWE	244 HWY 212 #1 P.O. Box 214 FRENCHVILLE ME 04745	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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 FRENCHVILLE, ME

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

If the record 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 record is filed.

Dated Oct 24, 2018.

[Signature] x [Signature]  
Signature of a member or authorized representative of a member

MURRAY LOWEY Christopher Lowe  
Typed or printed name of signer