117000119974

(Req	uestor's Name)	
(Add	iress)	
(Add	ress)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	<u>.</u>

Office Use Only



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FILED
2017 JUL 13 P 5: 02

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 3, 2017

CHRISTOPHER R. BEAVER 12039 FRED HARVEY RD. SANDERSON, FL 32087

SUBJECT: BEAVER TRUCKING LLC

Ref. Number: L17000119974

We have received your document for BEAVER TRUCKING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist III

Letter Number: 917A00013461

COVER LETTER

TO:	Registration Se Division of Cor			
eun ie.	Beaver Tru	eking LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Christopher R. Beaver		
			Name of Person	
		Beaver Trucking LLC		2017 JUL 13
			Firm/Company	
		12039 Fred Harvey Rd.		ri-
			Address	
		Sanderson/Fl 32087		5: 02
		 	City/State and Zip Code	
		c.beaver58@yahoo.com		
		E-mail address: (to be used for future annual report not	ification)
For furt	her information c	concerning this matter, please c	all:	
Chris B	eaver		904 2286190 at ()	
	Name o	f Person		ne Telephone Number
Enclose	d is a check for th	he 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)
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Office Address:	Enter Florida street addre	lorida
New Registered Office Address:	Enter Florida street addre	?\$\$
Name of New Registered Agent:		
gistered agent and/or the new registered office address h		in cinci me name of the
If amending the registered agent and/or registered	office address on our record	7+ N3
	•	<u> </u>
nuting utuites MAT BE A LOST OFFICE BOA		
failing address MAY BE A POST OFFICE BOX)		<u> </u>
nter new mailing address, if applicable:		SSE III
		
		N 2017
rincipal office address MUST BE A STREET ADDRESS		<u> </u>
ter new principal offices address, if applicable:		
e new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	C" or the abbreviation "L.L.C."
If amending name, enter the new name of the limited li	ability company here:	
-		
nis amendment is submitted to amend the following:		
orida document number L17000119974		
ne Articles of Organization for this Limited Liability Compa	ny were filed on June 01,2017	and assigned
(A Florida Limit	ed Liability Company)	
	npany as it now appears on our recorded Liability Company)	<u>ds.</u>)

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Heather L. Beaver	12039 Fred Harvey Rd.	
		Sanderson Fl 32087	Remove
			Change
			D Add
			□ Remove
		<u> </u>	Change
			D .NdJ
			□ Remove
		TALLA:	
		AHASSEE, FLORIDA	
		FLORI	Öğemov ∏
			- •
			D Add
			□ Remove
		·· · · · · · · · · · · · · · · · · · ·	Change
			D Add
			Remove

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						<i></i> -		
ective date, if other t	ban the date of	filing: June 1	9,2017		(optio	nal)		
effective date is listed, the te: If the date inserted it	date must be specif	ic and cannot be			90 days after t	iling.) Pu		
cument's effective date					•			
record specifies a c he 90th day after t			t not an effe	ective time, a	t 12:01 a	.m. on	the ea	rlier
ed July S	7	<u> 201</u>	<u> </u>					
1	11.							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00