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Special Instructions to Filir	ng Officer:	

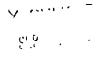
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	Tindle Truc	king, L.L.C		
SUBSECT.		Name of Limi	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are subt	mitted for filing.	
		ndence concerning this matter	_	
		Timothy D. Tindle, Jr.		
			Name of Person	
		Tindle Trucking, LLC		
			Firm/Company	
		505 Whispering Lake Driv	e	
			Address	
		Sanra Rosa Beach, FL 324:	59	
		*	City/State and Zip Code	
		tj@tindletrucking.com	18 8.2	
For further in	ntormation co	n-mail address: (concerning this matter, please co	to be used for future annual report notifi all:	(Catton)
Chelsea Tine	dle		850 428-6479	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 I	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)

TO:

Registration Section

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tindle Trucking, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 06/02/2017	and assigned
Florida document number L17000120037		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
Tindle Trucking & Construction, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		70
		الما الما الما الما الما الما الما الما
Enter new mailing address, if applicable:		至 つ
•		S 22 P
Mailing address MAY BE A POST OFFICE BOX)		ino is
	-	TIST W
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registi
igent and/or the new registered office uddress here.		
N. C.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	Iress
		Florida
	Ciţy	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 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
			□Add
			□Remove
		□Add	
		□Remove	
			□Change
			□Add
			□Remove
			☐ Change
		□Add	
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an ef lote:	(optional) Sective date, if other than the date of filing: (optional) Sective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	rd 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 fled.
l is tī	
	·
	A DEMA
d is ii	Signature of a member or authorized representative of a member

Filing Fee: \$25.00