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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: OID School - Nam	TRUCKING LLC ne of Limited Liability Company	
The enclosed Articles of Amendment and fee(s)	are submitted for filing.	. *
Please return all correspondence concerning this	s matter to the following:	
Reshea	Brown	to gate and a second of
<u>01d</u> 5408	Name of Person School Trucking LL (Firm/Company 5 87 ST	
Tampa reshea t	Address Fig. 33619 City/State and Zip Code Proun agol. Com address: (to be used for future annual report notific	eation)
For further information concerning this matter,	please call:	55 T
Name of Person Enclosed is a check for the following amount:	at (813) 63% — Area Code Daytime	7154 Telephone Number 00
\$25.00 Filing Fee \$30.00 Filing Fe Certificate of S		□ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ddress on our records, enter the name of	the new
7 -	
Enter Florida street address	
Florida	:
ry Zip Code	
	pany," the designation "LLC" or the abbreviation "LLC" or the abbrevia

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 = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Reshea Brown	5408 s 87s+ 33619	Add
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ive date, if other than the date of filing:		optional)
fective date is listed, the date must be specific and cannot be prior of the date inserted in this block does not meet the applianent's effective date on the Department of State's records	or to date of filing or more than 90 days cable statutory filing requirements,	after filing.) Pursuant to 60
cord specifies a delayed effective date, but no 90th day after the record is filed.	ot an effective time, at 12:0	01 a.m. on the earli
September 28, 2017	· 	
<u>.</u>	•	
Signature of a member of aud Res hea Brown	horized representative of a member	

Page 3 of 3

Filing Fee: \$25.00