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2017 AUG 16 PK 12: 05

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COVER LETTER

TO:	Registration Se- Division of Cor					
SUBJE	Linehaul Consulting, LLC 3JECT:					
	<u></u>					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Jessica Young				
			Name of Person			
		Langdale vallotton, LLP				
Firm/Company						
		1007 N. Patterson Street				
		Valdosta, GA 31601				
						
		scott@taylordeloach.com	to be used for future annual report notif	ication)		
For fur	ther information co	oncerning this matter, please ca				
Jessica	Young		229 244-5400			
	Name o	f Person	at () Area Code Daytime	e Telephone Number		
Enclose	ed is a check for th	ne following amount:				
■ \$2:	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 AUG 16 PM 12: 05
PALLAHASSIFE OF STATE

Linehaul Consulting, 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 Compar	ny were filed on $\frac{6/267}{1}$	2017 and assigned
Florida document number L17000138150		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here	#
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
P. If amonding the registered agent and/or registered	office address on a	and the second of the second o
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Street Fidules.	Enter Florida	a street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	te performance of my s provided for in Che	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
company has been notified in writing of this change.	20 accor 000, 1 mor 012,0	congram man me nameu nazuny

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
MGR	Ronnie A. Chauncey	601 W. Alden Avenue	
		Valdosta, GA 31602	■ Remove
			Change
			Add
			□ Remove
			Change
			Change Change Change Change Change
			Change
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fective date	, if other than	the date of filin	ng:		(opti	onal)
n effective date	e is listed, the date	must be specific an	id cannot be prior	to date of filing or m		filing.) Pursuant to 605.02 s date will not be listed
		e Department of				
		yed effective (record is filed.		an effective t	me, at 12:01 a	a.m. on the earlier
	1					
ited <u>Avy</u>	Just 14	\mathcal{A}	. 2017	<u> </u>		
Ç)		_			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00