

U7000184069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

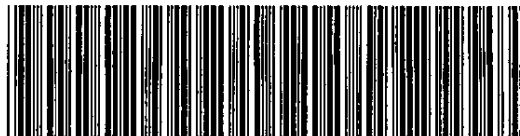
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 APR - 6 AM 10:44

N COOPER

APR 09 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CORNWAL 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:

FRANZ HEWLING  
Name of Person

CORNWAL TRUCKING LLC  
Firm/Company

209 NOB HILL CIRCLE  
Address

LONGWOOD FL 32779  
City/State and Zip Code

FRANZHEW1@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANZ HEWLING at (561) 215-3165  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 APR - 6 AM 10:44

CORNWAL 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 8/29/2017 and assigned  
Florida document number ~~L1700001~~ L17000184069

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)

209 NOB HILL CIRCLE  
LONGWOOD FL, 32779

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 916231  
920 WEKIVA SPRINGS ROAD  
LONGWOOD, FL 32791

**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:

KIMBERLY HEWLING

New Registered Office Address:

209 NOB HILL CIRCLE

Enter Florida street address

LONGWOOD

City

Florida

32779

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.*

K Hewling  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	FRANZ HEWLTNG	209 WOB HILL CIRCLE	<input type="checkbox"/> Add
		LONGWOOD FL, 32779	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Mr. Franz Hewling is now the Manager/  
Authorized Person of Cornwell Trucking LLC.  
Mr. Kimberly Hewling is no longer the  
Authorized Person but a Registered Agent.  
Both parties understand and accept their  
roles and responsibilities.

Kimberly Hewling

FRANZ HEWLING

4/2/18

18 APR - 6 AM 10:44

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SECRETARY OF STATE  
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)

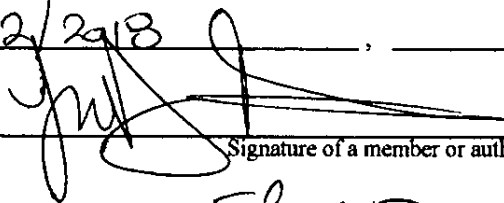
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4/2/2018



Signature of a member or authorized representative of a member

FRANZ HEWLING

Typed or printed name of signee