17000 203705

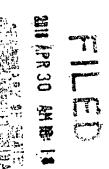
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900312547189

04/30/18--01033--021 **30.00



HAY O 1 2019 J. HARRIS

TO:

COVER LETTER

TO:	Registration Se Division of Cor			
CUD IE	TILGHMA	N MOBILE SHINE $ \mathcal{L} \mathcal{L} $	C	
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		TAMECIA SCOTT		
			Name of Person	··- <u>-</u>
		TILGHMAN MOBILE SH	INE, LLC	
			Firm/Company	·····
		4405 W. ATLANTIC BLV	/D UNIT 1206	
			Address	·· ·· · · · · · · · · · · · · · · · ·
		COCONUT CREEK, FL 3	33066	
			City/State and Zip Code	
		TSCOTTEDD@GMAIL.C	ОМ	
		E-mail address: (to be used for future annual report notific	cation)
For furt	her information c	oncerning this matter, please ca		
ТАМЕ	CIA SCOTT		850 3222766	
Name of Person			at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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)

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

TILGHMAN MOBILE SHINE					
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L17000203705	were filed on 10/02/217	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
TILGHMAN TRUCKING, LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation L.L.C."			
Enter new principal offices address, if applicable:	4405 W. ATLATNIC BLVD UNIT 1206				
(Principal office address MUST BE A STREET ADDRESS)	COCONUT CREEK FL 33063	ω perse			
		Reference to the second			
Enter new mailing address, if applicable:	SAME				
Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	-	ter the name of the r			
	Enter Florida street address				
	, Florida	ı			
	City	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 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 = M AMBR = A	Ianager Luthorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			□ Add	
			□ Remove	
			Change	
			Add	
			☐ Remove	
			Change	
			Add	
			Remove	
			☐ Change	
			20 mmc	
			□ Remove	
		And the state of t	Change.	
	dad ()		☐ Add	
			Remove	
			☐ Change	

					_
					_
	- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , 	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		_
			<u>,</u>		_
					
	 				_
	·				_
					_
					_
					
				<u></u>	•
Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the	applicable statutory f		filing.) Pursuant to 6	
e record specifies a delaye The 90th day after the rec		ut not an effectiv	e time, at 12:01 a	.m. on the ear	lier of:
Dated APRIL 23RD	, <u>2018</u>	; 			- amely
	1/1/078			7	
	Signature of a member	or authorized representa	tive of a member		

Page 3 of 3

Filing Fee: \$25.00