## L17000210395

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## **COVER LETTER**

cutto berever	TONYA &	CHRIS TRUCKING LLC				
SUBJECT:		Name of Limi	ited Liability Company			
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please retur	all correspoi	ndence concerning this matter	to the following:			
			TONYA MACCALL			
	Name of Person					
		TONYA & CHRIS TRUCKING LLC				
			Firm/Company			
			455 JANICE AVE			
			Address			
			SOUTH BAY FL 33493			
			City/State and Zip Code			
		SMUGMACCALL@GM				
		E-mail address: ()	to be used for future annual report notifi	cation)		
For further i	nformation co	oncerning this matter, please ex	ıll:			
TONYA	MACCALL		561 914-0830			
Name of Person		at ()	Telephone Number			
Enclosed is	a check for th	e following amount:				
\$25,001	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:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

	IS TRUCKING LLO		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appo ted Liability Company	ears on our records.)	<del></del>
The Articles of Organization for this Limited Liability Comp	any were filed on _	October 11, 2017	and assigned
Florida document number 1.17000210395			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited I	lability Company," the	e designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
	-		r.5
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			- **· - · · ·
			.,-
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		on our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter I	lorida street address	
		, Florida	Zip Code
	Ciţy		zip Coae

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	TONYA MCCALL	455 JANICE AVE	
		SOUTH BAY FL 33493	[] D
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rective date, if other than the date of filing effective date is listed, the date must be specific and the lift the date inserted in this block does not unment's effective date on the Department of record specifies a delayed effective he 90th day after the record is filed	meet the applicable State's records.  date, but not a	e statutory filing	requirements	, this date w	ziji not b	e Iiste
NOVEMBER 30	2017					
In M	Call		F		·	2016  -
Signature of a	a member or authoriz	ed representative (	1 a member		:	
	TONYA M					1.5
<del></del>	Typed or printed i	iame of signee			•	-

Filing Fee: \$25.00