L17000233314

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Office Use Only



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47-233314

05/24/18--01007--003 **25.00

Amend



N. CAUSSEAUX JUL 2 0 Z018

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: La	ANTEN / Name of Limi	racking, LL ted Liability Company	<u>C</u>		
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspon	idence concerning this matter	to the following:			
	Redweij M	Name of Person			
	hanter	V Trucking, K	LC_		
	5530 Cal	not Drive No	rth		
		, 100, 200			
Jack sonville, Florida 32244 City/State and Zip Code					
City/State and Zip Code					
	P Maxwe E-mail address: (ella Lanternt	rucking. Com		
For further information co	oncerning this matter, please ca	all:			
Rochiel M	lexwell	at (<u>904</u>) <u>716</u> -	2545		
Name of	Person	Area Code Daytim	ie Telephone Number		
Englosed is a check for th	e following amount:				
2 \$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



May 30, 2018

RODNEY MAXWELL LANTERN TRUCKING LLC 5530 CABOT DRIVE NORTH JACKSONVILLE, FL 32244

SUBJECT: LANTERN TRUCKING LLC

Ref. Number: L17000233314

We have received your document for LANTERN TRUCKING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

"JAMES MORGAN" is the only registered agent listed on this LLC. "JAMES MORGAN" name is the only name that should be in 5.(a). If you are deleting or adding any members, managers, etc., you need to file the amendment form.(ATTACHED) You can make all the changes necessary on this form in lieu of the Statement of Change of Registered Office/Register Agent form if you are making additional changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 118A00011101

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lewtern Tru	cking,	LLC			
(Name of the Limited I	iability Combany Iorida Limited Lia	as it now appears on o bility Company)	ur records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>~ / 7000 2333</u>	lity Company w	ere filed on _//-,	10-17	and as	signed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited lia <u>bili</u>	ty company here:			
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the designa	tion "LLC" or the	abbreviation "I	.L.C."
Enter new principal offices address, if applicable	e:				=====================================
(Principal office address MUST BE A STREET A				<u> </u>	The Cale
				<u></u>	
				-5	
Enter new mailing address, if applicable:					- 11.77
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>				. (4 5 -
				£	• •———
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	Rache 5530 (Sackso	ce address on our 1 G. McCo Cabot Drive Enter Florida str NV//ke F1 City	NAQU L NOM reel address	7	of the new
New Registered Agent's Signature, if changing Reg					
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the registery company has been notified in writing of this change in the registery and the registery are the company has been notified in writing of this change in the registery are the company has been notified in writing of this change in the registery are the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing of this change in the company has been notified in writing the change in the company has been notified in writing the change in the	and complete p red agent as pr istered office a	erformance of my o ovided for in Chap	huties, and I an ter 605, F.S. O nfirm that the	n familiar w Ir, if this doc	ith and cument is lity

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

Title	<u>Name</u>	Address	Type of Action
GRY, P_	James Morgan	_5530 Cebot Brive, Nov,	K7 □ Add
9		Jacksonvile 11 Fl 3224	∕ Remove
			Change
AMBR	Bernard Frazier	50 N. Laurast, Suite 20	
		Jacksonville F1 32200	☐ Remove
			Change
MGR	Rachel S. McConago	5530 Cabot Drive Nort	<u>h</u> ⊡∕Add
		Jacksonville Fl, 3224	<u> </u>
			Change
			□ Remove
			Change
			Remove
			◯ Change
			□ Add
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			☐ Change

D. If amending any oth					
· IN	ant Remo	VIENO	James	Paul Mi	rean
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Note: If the date insert		i cannot be prior to c neet the applicable			ng.) Pursuant to 605.0207 (3)(b
If the record specifies (b) The 90th day aft			n effective tir	ne, at 12:01 a.n	i, on the earlier of:
Dated 7-8	•	2018			
	Then Re	Merce	00		
	Signature of a r	member or authorize	ed representative o	a member	
	Radwell M	0.K(120/1	/		
		Typed or printed n	ame of signee		

Page 3 of 3

Filing Fee: \$25.00