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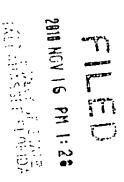
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## **COVER LETTER**

Division of Corporations
SUBJECT: A.D. MAYS 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:
Anthony D. Mays JR.  Name of Person  A. D. MAYS TRUCKING LLC  Firm/Company
905 South Central Ave
Oviedo, FL 32765 / City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:  Anthony D. Mays JR at (407) 722 - 1058  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Section Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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 A. D. MAYS TRUCKING LLC

(Name of the Limited Liabi (A Florid	lity Company as da Limited Liabili	it now appears on our re ty Company)	ecords.)					
The Articles of Organization for this Limited Liability Florida document number 17000244629	Company were	filed on 8:00Am	Nov/29/20	nd assigned				
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the lin	nited liability	company here:						
AD MAYS TRUC	KING	LLC						
The new name must be distinguishable and contain the words "Li		impany," the designation	"LLC" or the abbrevia	tion "L.L.C."				
Enter new principal offices address, if applicable:	9	<u>05 S C</u>	entral f	ve				
(Principal office address MUST BE A STREET ADD	RESS) (	Dviedo, FL	37.745	<del> </del>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		905 S Central Ave Oviedo, FL 32765						
B. If amending the registered agent and/or registered agent and/or the new registered office ad		address on our rec	eords, enter_the	name of the new				
Name of New Registered Agent:	1017 C	1/8/1/1/2	11 (F173/42					
New Registered Office Address:	<u>05 S</u>	Len Fra   Enter Florida street a	ddress 50					
$\bigcirc$	viedo		Florida 37	No5				
		Zity	_,	o 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.

(Mithory flennes / af Sk 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 Type of Action <u>Title</u> Name | **Address** ☐ Add □ Remove ☐ Change □ Add ☐ Change □ Add ☐ Remove Congression Congre Addo PH vec ☐ Change ☐ Remove ☐ Change \_□ Add \_□ Remove \_□ Change

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Filing Fee: \$25.00