118000003709

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COVER LETTER

Division of Cor	porations		
	EAVY HAULS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Patrick Cook		
		Name of Person	
	Galaxy Fireworks, Inc.		
		Firm/Company	
	204 E. M.L. King Jr. Blvd.		
		Address	
	Tampa, FL 33603		
		City/State and Zip Code	
	galaxyfire@aol.com E-mail address: (to be used for future annual report nots	f(cation)
For further information c	concerning this matter, please c	ali:	
Patrick Coo ≰		813 234-2264	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

TO:

Registration Section

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

TAMPA HEAVY HAULS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our r ated Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp Florida document number L18000003709	oany were filed on 01/04/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
TAMPA HEAVY HAUL, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	204 E. M.L. KING JR. BI	LVD.
(Principal office address MUST BE A STREET ADDRES:	<u>YAMPA, FL 33603</u>	
		<u> </u>
Enter new mailing address, if applicable:	N/A	FEB
(Mailing address MAY BE A POST OFFICE BOX)	 	
		<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		cords, enter the painte of the ne
Name of New Registered Agent: N/A		_
New Registered Office Address:		
	Enter Florida street o	ıddress
		, Florida

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

Zip Code

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 $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			
			Remove
			□ Change
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rective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or n e: If the date inserted in this block does not meet the applicable statutory filinament's effective date on the Department of State's records.	note than 90 days after filing.) P	'ursuant to 605,020 ill not be listed (
record specifies a delayed effective date, but not an effective no 90th day after the record is filed.	time, at 12:01 a.m. or	the earlier (
ed January 22		
Signature of a member or authorized representative	e ot a member	

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Filing Fee: \$25.00