## L18000009302

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corpor		
SUBJECT: SC	Name of Limited Liability Company	
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Tony Holloman Name of Person	
	Firm/Company 2710 5+4 AVEE	S. 1001
		957 125 120 120 120 120 120 120 120 120 120 120
_	Palmetto FI 3422   City/State and Zip Code  Brown Surgr 2@me. (Om  E-mail address: (to be used for future annual report notification)	5 m 9.23
For further information conc	cerning this matter, please call:	
	loman at 941, 8129422 erson Area Code Daytime Telephone Number	_
Enclosed is a check for the f	following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	Status &
Mailing Address:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Say Alot True	King LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u> </u>	were filed on 1.10.201	8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
Sav ALot Trucking and Tree	. Service L. L.	C.
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		- 13 2 · · · · · · · · · · · · · · · · · ·
		72 3
Enter new mailing address, if applicable:		2,
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	City Flori	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			🗆 Remove
			□ Change
			□Add
			□ Remove
			□ Change
			□Add
			Remove 2021
			Remove  Grant Behange  Add  Remove
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	***************************************		🗆 Add
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of file:  If the date inserted in this block does not meet the applicable statute iment's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.03 ory filing requirements, this date will not be listed
ford specifies a delayed effective date, but not an effective time, at 12:0 filed.	
Jony Hallowan Signature of a member or authorized representation	
Λ	