## 1180000 44351





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06/19/18--01010--003 \*\*25.00



JUN 2 1 21" J. HARRIS

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   | ,   |
|--|---|---|---|
| SUBJECT: Param                         | ocunt Bruthers Tra                                  | ited Liability Company  |   |
| The enclosed Articles of               | Amendment and fee(s) are sub                        | mitted for filing.  |   |
| Please return all correspo             | ndence concerning this matter                       | to the following:   |   |
|  | Frankie   | C Harkness<br>Name of Person  |   |
|  | Paramount   | Brothers Trucking il  | <u>.c</u>   |
|  | 2170 Black  | bird Drive Address  |   |
|  |   | City/State and Zip Code  2013 @ amail. wm to be used for future annual report notif |   |
| For further information co             | E-mail address: () oncerning this matter, please ca |   | fication)   |
| Frankie C Ho                           | irkness   | at (407 ) 534 - 28 .<br>Area Code Daytime   | 69  |
| Name of                                | l'Person  | Area Code Daytimo   | e Telephone Number  |
| Enclosed is a check for th             | e following amount:                                 |   |   |
| \$25.00 Filing Fee                     | □ \$30.00 Filing Fee &<br>Certificate of Status     | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                 | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

| Paramount Brothers Trucking  | g ite   |
|--|---|
| (Name of the Limited Liability Company as<br>(A Florida Limited Liabili  | <u>it'now appears on our records.</u> )<br>ty Company)      |
| The Articles of Organization for this Limited Liability Company were   | filed on 02 19 2018 and assigned                            |
| Florida document number <u>L18050044351</u> .  |   |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liability   | company here:   |
| The new name must be distinguishable and contain the words "Limited Liability Co   | ompany," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   |
| (Principal office address MUST BE A STREET ADDRESS)  |   |
|  | 201   |
|  |   |
| Enter new mailing address, if applicable:  | Pre   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |
|  |   |
|  |   |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | address on our records, enter the name of the nev           |
|  |   |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   |   |
|  | Enter Florida street address                                |
|  | Florida<br>City Zip Code                                    |
| New Registered Agent's Signature, if changing Registered Agent:  | .iiy Zip Code   |
| men registered regent a bighature, ii changing registered regist,  |   |

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | Address           | Type of Action  |
|--------------|---------------------|-------------------|---|
| MGR          | Frankie C. Harkness | 2494 SHIPKUCK CT  | Œ ∕\dd  |
|              |                     | Deltona, FL 32738 | □ Remove  |
|              |                     |                   | □ Change  |
|              |                     |                   | 🗆 Add   |
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|              | <del></del>         |                   | ∑ Co<br>□ Add   |
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|              |                     |                   | □ Change  |

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Filing Fee: \$25.00