# 18000103946

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

O SIMMONS JUL i 0 2018

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

M & M CLASS A TR	UCKING. L	LC.		
	<u></u>			
······································				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			✓_	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u> </u>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
			<u> </u>	Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
<b>3</b>				Vehicle Search
				Driving Record
Requested by: BA	7/9/18			UCC 1 or 3 File
Name	7/9/18 Date	Time		UCC    Search
THITE	Date	Time		UCC 11 Retrieval
Walk-In Thom issue GA arcc	Will Pick Up		<del></del>	Courier

### **COVER LETTER**

	Registration Sec Division of Corp			
CUBIEC		ss A Trucking, LLC.		
SORTEC	Т:	Name of Limi	ted Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are subt	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Shamel Mouzon		
			Name of Person	<u> </u>
		M & M Class A Trucking,	LLC.	
			Firm/Company	<del></del>
		6650 SW 132nd St.		
			Address	N
		Ocala, FL, 34473		
			City/State and Zip Code	<del></del>
		Mel4yah@hotmail.com		
		E-mail address: (	to be used for future annual report noti-	fication)
For furthe	er information c	oncerning this matter, please ca	all:	
Shamel M	Mouzon		727 777-8118	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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:

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

M & M Class A Trucking, LLC.	
( <u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.) Company)
he Articles of Organization for this Limited Liability Company were fil	ed on 04/24/2018 and assigned
lorida document number L18000103946	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	The second
Mailing address MAY BE A POST OFFICE BOX)	· 第二
	0 - 0
<del></del>	
<ol> <li>If amending the registered agent and/or registered office ad egistered agent and/or the new registered office address here:</li> </ol>	dress on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	

#### 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
AR	Mark Hunt Sr.	6650 SW 132nd ST	
		Ocala. Ft., 34473	Remove
			Change
		<del> </del>	Remove
			Change
			18 SECULIAN
			Remarke D AN AND AND
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fective date, if other than the n effective date is listed, the date mu ste: If the date inserted in this bl cument's effective date on the D	st be specific and cannot block does not meet the	e prior to date of filir applicable statutor	ng or more than 90 days	Optional) after filing.) Pursuant to , this date will not be l	605.020 listed a
	d effective date, b	ut not an effec	tive time, at 12:0	01 a.m. on the ea	rlier c
record specifies a delayed The 90th day after the rec	ord is filed.				

Page 3 of 3

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