Florida Department of State

Division of Corporations Electronic Filing Cover, Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 1200900000814-5 Phone : (307)200-2803 · Fax Number : (855)330·1016

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RELIABLE HOT SHOT SERVICES, LLC

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MAY 3 0 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reliable Hot Shot Services, LLC			
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our ed Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on 05/14/20	18 and ass	igned
-			
This amendment is submitted to amend the following:			
The Articles of Organization for this Limited Liability Company were filed on 05/14/2018 and assigned Florida document number L18000120323 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 Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
The new name must be distinguishable and contain the words "Limited Li	iability 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.			
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Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		29 28	ļ
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B. If amending the registered agent and/or registered		cords, enter the name	of the ne
registered agent and/or the new registered office address b	nere:	- -	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	address	
•			
	Cin:	, Florida Zin 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 Regi 'ered 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>	<u>Name</u>	Address	Type of Action
AMBR	Jeffrey D Willis	5423 North 59th St.	
		Tampa, FL 33610	☐ Remove
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he 90th day after the record is filed.							
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Signature of a member or aut				,			

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