L18000125969

(F	Requestor's Name)
(A	Address)
<u> </u>	Address)
(0	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
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COVER LETTER

	Registration Se Division of Cor		, •	
CUB IE		organ Trucking Industries LLC	•	
SUBJEC	-1; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Shannon Casey		
			Name of Person	
			Firm/Company	
		938 East River Road	Address	
		Wewahitchka, FL 32465	. Idai Coo	
Uan fisanta	ar information		to be used for future annual report notification)	
		oncerning this matter, please c		
Shannon			850 899-5411 at ()	N
	Name o	ť Person	Area Code Daytime Telephon	e Number
Enclosed	l is a check for th	ne following amount:		Ø
■ \$25.	00 Filing Fec	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & 7 Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	52 See

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bella & Morgan Trucking Indsutries LLC (Name of the Limited Liability Company as It now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{5/21/2018}{1}$ and assigned Florida document number L18000125969 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 "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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
Owner	Shannon Casey	938 East River Rd	□Add
		Wewahitchka, FL 32465	□Remove
			Thange
			🗀 Add
			□Remove
			🗆 Change
			🗆 Add
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		previous name was Shannon B	
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Tective date, if other than th	he date of filing:	(optio	nal) a.
in effective date is listed, the date in	nust be specific and cannot be prior to date	of filing or more than 90 days after (iling.) Eursuant to 605:02
	block does not meet the applicable standard Department of State's records.	atutory filing requirements, this	
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			The 90th day after th
ecord specifies a delayed effect is filed.	tive date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after th
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April 5	2021	•	51
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