L18000136010

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	orations		
CLIP IN OF	T&T FAMIL	Y TRUCKING LLC		
SUBJECT:		Name of Lim	ited Liability Company	<u> </u>
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		TYRONE D SIMMONS		
			Name of Person	
		T&T FAMILY TRUCKIN	IG LLC	
			Firm/Company	
		432 NORTH CYPRESS A	VE	
			Address	
		GREEN COVE SPRINGS	, FL 32043	
		 	City/State and Zip Code	
		SIMMONSTYRONE76.TS		
		E-mail address: (to be used for future annual report n	otification)
For further is	nformation co	ncerning this matter, please co	all:	
TYRONE D	SIMMONS		904 808-2216 at ()	
	Name of	Person		me Telephone Number
Enclosed is a	a check for the	e following amount:		
\$25.00 F	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)
	Registra Division	NG ADDRESS: tion Section of Corporations	Registration Sec Division of Corp	orations
	•	of Corporations		orations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

T&T FAMILY TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.) 2019 AUG 21 P 4 22 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Florida document number L18000136010	ty Company v	were filed on	5/31/2018	SEGRETARY OF STATE TALLAHABOTESEDENINDA
This amendment is submitted to amend the following	द्र:			
A. If amending name, enter the new name of the	limited liabil	lity company	here:	
N/A				
The new name must be distinguishable and contain the words "	Limited Liabilit	ty Company," th	e designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		432 NORTH	CYPRESS A	VE
(Principal office address MUST BE A STREET AL		GREEN CO	VE SPRINGS,	FL 32043
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2		I CYPRESS A' VE SPRINGS,	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office a	_		on our reco	rds, enter the name of the nev
Name of New Registered Agent:	YRONE D SIN	MMONS		<u> </u>
New Registered Office Address: 43	2 NORTH CY	PRESS AVE		
		Enter l	Florida street add	tress
G	REEN COVE	SPRINGS	_	Florida 32043
	· · · · · · · · · · · · · · · · · · ·	City	,	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.

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>	<u>Name</u>	Address	Type of Action
AMBR	TAHILIA M REED SIMMONS	2642 ROYAL POINTE DR	Add
		GREEN COVE SPRINGS, FL 32043	Remove
			Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
		·	Change
			□ Add
			☐ Remove
			□ Change
			Add
			П Rеточе
			Change
			Add
			Remove
			Change

	etive date, if other than the date of filing: (optional)
	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
,	e sour day arter the record is med.
Date	1 July 210 2019
Date	. 1 , 2 , 2 , 2 , 2 , 2 , 2 , 2 , 2 , 2 ,
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00