

L18000136010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

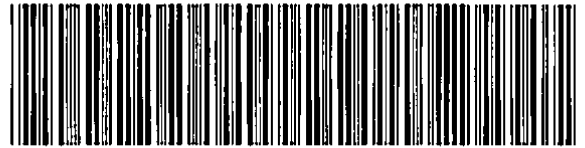
(Business Entity Name)

(Document Number)

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FILED  
2018 AUG 21 P 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 29 2018

T. L. WELBY

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: T&T FAMILY TRUCKING LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TYRONE D SIMMONS

\_\_\_\_\_  
Name of Person

T&T FAMILY TRUCKING LLC

\_\_\_\_\_  
Firm/Company

432 NORTH CYPRESS AVE

\_\_\_\_\_  
Address

GREEN COVE SPRINGS, FL 32043

\_\_\_\_\_  
City/State and Zip Code

SIMMONSTYRONE76.TS@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TYRONE D SIMMONS

904 808-2216  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:**  
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**

**FILED**

T&T FAMILY TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 AUG 21 P 4:12

The Articles of Organization for this Limited Liability Company were filed on 5/31/2018

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida document number L18000136010

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

432 NORTH CYPRESS AVE

**(Principal office address MUST BE A STREET ADDRESS)**

GREEN COVE SPRINGS, FL 32043

**Enter new mailing address, if applicable:**

432 NORTH CYPRESS AVE

**(Mailing address MAY BE A POST OFFICE BOX)**

GREEN COVE SPRINGS, FL 32043

**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:

TYRONE D SIMMONS

New Registered Office Address:

432 NORTH CYPRESS AVE

*Enter Florida street address*

GREEN COVE SPRINGS

*City*

, Florida 32043

*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.*

  
\_\_\_\_\_  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	TAHILIA M REED SIMMONS	2642 ROYAL POINTE DR	<input type="checkbox"/> Add
		GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

N/A

**Filing Fee: \$25.00**