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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: R. W. HOOK TRUCK ING 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:
RALPH W. HICKS, JR. Name of Person
R.W. HOOK TRUCKING, LLC
8217 PROVINCIAL CIR, S.
Jacksonville, Tr. 32277 City/State and Zip Code
E-mail address: (to be used for future arquai report notification)
For further information concerning this matter, please call:
Ralph W. Hicks, TR at (904) 945-0648 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)

**MAILING ADDRESS: Registration Section

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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	د
The Articles of Organization for this Limited Liability Company were filed on $6/3/2018$. Florida document number $6/3/45868$.	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:	- 4 - 7 - 7 - 60
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ne abbreviation "L.L.C."
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, en registered agent and/or the new registered office address here:	ter the name of the nev
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida	l
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

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
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			Jacksonville, Fr 32217	Remove
				Change
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