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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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A. BUTLER AUG 2 6 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations					
	AVY HAUL LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	AARON D ESSES SR					
		Name of Person				
	ESSES HEAVY HAUL LI	LC				
		Firm/Company				
	313 DANIEL BOONE AV	•				
		Address				
	SATSUMA FL 32189					
		City/State and Zip Code				
	E-mail address: (to be used for future annual report not	ification)			
For further information c	oncerning this matter, please ca	all:				
AARON D ESSES SR		386 334-5435 at ()				
Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for the	ne 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)			
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection			
Division of C		Division of Con	rporations			
P.O. Box 632	7	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

ESSES HEAVY HAUL LLC

2022 JUN 10 PM 4: 40

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records. Liability Company)	PART OF STATE
The Articles of Organization for this Limited Liability Company		
Florida document number L18000162890		<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity 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)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	, Flo	rida 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 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
MGR	BONNIE KANSEVICH	313 DANIEL BOONE AV	■Add
		SATSUMA FL 32189	□Remove
			Change
	. 		Add
			□ Remove
			Change
			
			□ Remove
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			\ \ \ \ \ \ \
			Remove
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Filing Fee: \$25.00