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(R	equestor's Name)	-
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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S. PRATHER

COVER LETTER

TO: Registration Sec Division of Corp		.	
SUBJECT: Eagl	e Car & Truc Name of Limited	K of Florida LL	<u>C.</u>
The enclosed Articles of /	Amendment and fee(s) are submi	tted for filing.	
Please return all correspor	dence concerning this matter to	the following:	
	Harvey Allan	PH TH Name of Person	
	Eagle car &	Truck of Florid	a, LLC
	3618 W. 2	-3rd Street	
	Punama City, eagle care	Florida 32409 City/State and Zip Code and Frucks 691 be used for luture annual report notification	mail.com
	ncerning this matter, please call:		
Harvey P.	Person	at (\$50) \$14-00 Area Code Daytime Tele	266 <u>28</u> ephone Number
Enclosed is a check for the	e following amount:		4.
,	v30,00 Filing Fee & Certificate of Status	555,00 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

291

f Florida LLC SE TI Link as it now appears on our records.)
were filed on Tuly 16,2016 and assigned
<u>illity company here</u> :
lity Company," the designation "LLC" or the abbreviation "L.L.C."
3618 W. 23rd Street Pamama City Florida 32405
3618 W. 23rd Street Punuma City Florida 32405
ffice address on our records, enter the name of the new e:
W. 23rd Street Panama city Enter Florida street address City Florida 3 2405
City Florida 32405 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	Huney Allon Pitts III	3618 W. 23rd street Pumama city Florida 32405	Add
			□ Remove
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ocument's effective date on the	ed effective date, but not an e	atutory filing requirements, this	date will not be listed as
and September 1	2 +4 2018		
april	Signature of a member or authorized r		2018 SEP
1004			SEP FI
Hurrey.	Allan PHS III Typed or printed name		12
	Typed or printed name	of signee	
	Page 3 of		
			~ ~ •

Filing Fee: \$25.00