Florida Department of State Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREMIER ONE TRUCKING LLC

Certificate of Status	0
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EXAMINER

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Corporate Filing Menu

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COVER LETTER

	tegistration Se Division of Cor			
NUB INST		R ONE TRUCKING LLC		
SUBJECT: Name of Limited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	arn all correspo	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	****
		101 N. Brand Blvd., 11t	h Floor	
		Tribunatur III	Address	
		Glendale, CA 91203		JAN JAN
			City/State and Zip Code	
		corina863@yahoo.com		
		E-mail address: (to be used for future annual report not	ification)
For furthe	r information o	oncerning this matter, please c	all:	ort 9724
Cheyenn	e Moseley		at () 773-0888	ext. 9724
	Nume o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for t	he following amount:		
S25.01	0 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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Secti Division of Corpo	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive C		

Tallahassee, FL 32301

TU ARTICLES OF ORGANIZATION OF

PREMIER ONE TRUCKING LLC		
(Name of the Limited Liability Come (A Florida Limited	ony as it now appears on our records.) Liubility Compuny)	
The Articles of Organization for this Limited Liability Compan	y were filed on 08/06/2018	and assigned
Florida document number L18000187132		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lie	ability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered e registered agent and/or the new registered office address he		r the name of the new
registered agent and/or the new registered office address ne	<u></u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code
	City	Zip Coae

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

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Sharod Vann	1905 GERBER DAIRY RD.	Ø Add
		WINTER HAVEN, FL 33880	□ Remove
			☐ Remove
			Remove
			80 C

To.

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Filing Fee: \$25.00