

48000207223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

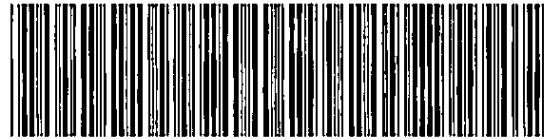
(Document Number)

Certified Copies _____ Certificates of Status _____

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18 SEP 24 PM 1:48
SECURITY OF STATE
TALLAHASSEE, FLORIDA

P. 2 R

S. PRATHE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2018

JASON HAGLEY
TRUCKYS FREIGHT LLC
3700 HARRISON ST., APT 7
HOLLYWOOD, FL 33021

SUBJECT: TRUCKY'S FREIGHT LLC
Ref. Number: L18000207223

We have received your document for TRUCKY'S FREIGHT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing pages 2 & 3

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 218A00018768

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Trucky's Freight 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:

Jason Hagley
Name of Person
Trucky's Freight
Firm/Company
3700 Harrison ST Apt 7
Address
Hollywood, FL, 33021
City/State and Zip Code
Jason.hagley@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Hagley at (754) 777 3818
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)
- ALREADY PAID

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**

Trucky's Freight LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8-29-18 and assigned
Florida document number L1800 0207 223.

This amendment is submitted to amend the following:

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

SOUTHEAST FOOD LOGISTICS LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

11150 N. WILLIAMS STREET
STE 8-186
Dunnellon, FL 34432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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:

SOME

New Registered Office Address:

6100 NW 18th court

Enter Florida street address

Sunrise

City

Florida

33313

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

NO change

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Authorized Person Address change:
11150 N. Williams St ~~Box~~ Suite 8-186
Dunnellon, FL 34432

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 9 - 20 2018

Jason Hogley
Signature of a member or authorized representative of a member

Jason Hogley
Typed or printed name of signee

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18 SEP 24 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA