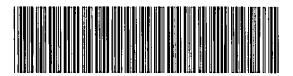
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	L Trucking ited Liability Company	_//c
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	K	Name of Person  Soul trucking  Firm/Company	<u>J</u>
	<u>509</u> 0	latocumbe Co	zurt_
	Macclone Kinesi200 E-mail address: (	City/State and Zip Code  Sc// fact amail ( to be used for future annual report notifi	2063 (cm_fication)
For further information c	oncerning this matter, please c	all:	
Name o	DALY Person	at ( <u>347</u> ) <u>257</u> Area Code Daytimo	- / 3 7 / 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)
Mailing Addres	۷-	Stroot Addross	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kodal +11	1CKING LE ity Company as it now appears on our records.)
(A Florida	a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>人18つりしょ1899</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADD!	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	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 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>	Name	Address	Type of Action
DMBR	Khalfani Daly	Maccleuny Hor. da 320	🗹 🗹 Add
	, , ,	MaccleNNY Hor. da 320	263 □Remove
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n effectiv If th	date, if other than the date of filing:
ecord spe s filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed	10/15/2020 10/15/2020
	Signature of a member op authorized representative of a member
	Typed or printed name of signee
	W ( 1/2) 1 (