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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		,	,
	& Dump Truck Services LLC		·
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Donald Boggs		
		Name of Person	
	Boggs Dump Truck & Equ	ipment LLC	
		Firm/Company	
	214 Highway 73		
	 	Address	
	Marianna, FL 32448		
		City/State and Zip Code	,
	donaldboggs1967@gmail.co		
		to be used for future annual report n	otification)
	oncerning this matter, please c		
Donald Boggs		850 557-7570 at ()	time Telephone Number
Name o	d Person	Area Code Dayı	time Telephone Number
Enclosed is a check for the	he 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 Address Registration		<u>Street Address:</u> Registration !	Section
Division of C P.O. Box 632	-	Division of C The Centre o	
Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOGGS TREE & DUMP TRUCK SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 29, 2018 ____ and assigned Florida document number <u>L18000253305</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Boggs Dump Truck & Equipment LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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) 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: New Registered Office Address: Enter Florida street address

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.

, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added for removed from our records:

MGR = Manager AMBR = Authorized Member Name <u>Address</u> Type of Action Title _____ 🗀 Add _____ Remove ______ Change _____ Remove _____ □Remove _____ □Change ____ □Remove _____ Change _____ □Remove

_____ □Change

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ffective date, if other than the defeater of the date must be some if the date inserted in this block ocument's effective date on the Dep	k does not meet the applical	date of filing or more than 90 tile statutory filing requires	(optional)) days after filing.) Pursuant to 605, nents, this date will not be liste	.0207 (ed as t
record specifies a delayed effective of is filed.	date, but not an effective tim	e, at 12:01 a.m. on the car	lier of: (b) The 90th day after	the
ated March 4	. 2021	-·		
Ineld	Brown			
5	ignament of a member or authori	zed representative of a mem	ber	