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PICK-UP WAIT MAIL
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Division of Corporations

September 1, 2023

BRENDA ROWE 5806 DEERFIELD RD ORLANDO, FL 32808

SUBJECT: SHADE TRUCKING COMPANY LLC

Ref. Number: L18000261524

We have received your document for SHADE TRUCKING COMPANY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please calls (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 523A00020266

SEP 18 2023

www.sunbiz.org

COVER LETTER

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(C)

TO:

Registration Section

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

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

The Articles of Organization for this Limited Liability Company were filed on September 1423 and assigned

Florida document number <u>L1800021e1534</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company	here:			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," t	ne designation "	LLC" or the abb	oreviation "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 a	address on ou	ir records, ei	nter the name	e of the new i	registereo
agent and/or the new registered office address here:		_		_	
					<u></u>
Name of New Registered Agent:				· · · · · · · · · · · · · · · · · · ·	<u></u>
New Registered Office Address:					<u> </u>
	Enter	Florida street a	ddress	Zip Code -	÷
			, Florida		= -
	City			Zip Code -	- 2
New Registered Agent's Signature, if changing Registered Agent:				 	, w

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
WP	Tamara Shade	2201 Motely Way	🔀 Add
		2201 Motely Way Tavares, FC 32778	□Remove
	1		□Change
Sec	Valarie Miller	5909 Riviera De	🌠 Add
		5909 Riviera De ORlando, FL39808	□Remove
			□Change
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reffective date is lis	sted, the date must be specific an	nd cannot be prior to date	of filing or more than 90 da	ys after filing.) Pursuant	io 605.0 <u>20</u>
	serted in this block does not e date on the Department of		atmory ming requiremen	us, this date will not t	e fisted as
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	relayed effective date, but no	of an effective time, at	12.01 a.m. on the carnet	or. (b) The 90th day	
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is filed.	Brunds	a member or authorized re	epresentative of a member		<u>-</u>

Filing Fee: \$25.00