

(((H230000829213)))

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

**Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please : **

Email Address:

EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A & D RECOVERY BROKERS, LLC

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Help

T. LEMIEUX MAR 2 3 2023 Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

(((H23000082921 3)))

COVER LETTER

SUBJEÇT:	A & D RECOVE	ERY BROKERS, LLC	
somet i:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
17350 STATE HWY 249 STE 220 Address HOUSTON TX, 77064			
		Address	
	HOUSTON TX, 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO	M to be used for future annual report not	theation
For further information c	oncerning this matter, please ca		
LOVETTE DOBSON		at () Area Code Daytin	.462-3453
Name c	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	C) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Sc	which
Registration : Division of C		Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

(((H23000082921 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A. If amending name, enter the new name of the limited liability company here: YARNELL EQUIPMENT AND TRUCKING, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
Florida document number	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	_ and assigned
YARNELL EQUIPMENT AND TRUCKING, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
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Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	eviation "L.L.C."
(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 agent and/or the new registered office address here:	of the new register
Name of New Registered Agent:	20
	783
New Registered Office Address: Enter Florida street address	
	.∕.> '⊊. '⁄.>
Cuy	Lip Code
New Registered Agent's Signature, if changing Registered Agent:	7
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree provisions of all statutes relative to the proper and complete performance of my duties, and I am far accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if being filed to merely reflect a change in the registered office address. I hereby confirm that the limit company has been notified in writing of this change.	miliar with and Tthis document is
If Changing Registered Agent, Signature of New Regis	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000082921 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			ClChange
			CAdd
			□Remove
			i]Change
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			□Remove
			FiChange
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If amending any other informa				, , , , , , , , , , , , , , , , , , , ,	
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Effective date, if other than the liften effective date is used, the date mus Note: If the date inserted in this bl document's effective date on the D	t be specific and cannot be ock does not meet the a	applicable statute	ling or more than 90 d ory filling requireme	nts, this date will not b	to 605,0207 (. se listed as (l
e record specifies a delayed effectived is filed.	e date, but not an effect	tive time, at 12:0	11 a.m. on the earlie	r of: (b) The 90th day	after the
Dated March 3rd	, 2023				
	Signature of a member of	Than the	sentative of a member	~ -	
		Ų			
		miel Yarnell printed name of a			_

Filing Fee: \$25.00