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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

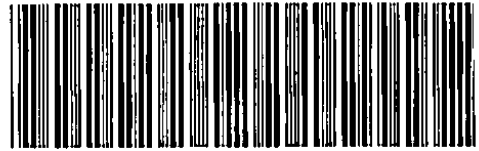
(Business Entity Name)

(Document Number)

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OCT 02 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNTOWN TRUCKING 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:

CARLOW VERRIETT

Name of Person

SUNTOWN TRUCKING LLC

Firm/Company

303 W CLARK ST

Address

QUINCY, FL 32351

City/State and Zip Code

CARLOWV@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOW VERRIETT

252 532-4257

at ()

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)

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

**TO
ARTICLES OF ORGANIZATION
OF**

SUNTOWN TRUCKING 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 JANUARY 2, 2019

Florida document number L19000004448.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia

Enter new principal offices address, if applicable:

303 W CLARK ST, QUINCY FL 32351

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

17633 GUNN HWY STE 201

(Mailing address MAY BE A POST OFFICE BOX)

ODESSA, FL. 33556

**B. If amending the registered agent and/or registered office address on our records, enter the n
registered agent and/or the new registered office address here:**

Name of New Registered Agent: (same person) Carlow Verriett

New Registered Office Address: (new address) 303 W Clark St
Enter Florida street address

Quincy, Florida 32351
City *Zip C*

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 c
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this c
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lic
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered

