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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;
will wait

Office Use Only



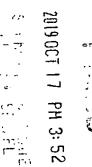
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COVER LETTER

	WN TRUCKING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CARLOW VERRIETT		
		Name of Person	
	SUNTOWN TRUCKING	LLC	
		Firm/Company	
	303 W CLARK ST		
		Address	
	QUINCY, FL 32351		
	CARLOWV@AOL.COM	City/State and Zip Code	
	· ·	to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
CARLOW VERRIETT		252 532-4257	
Name	of Person	at ()Area Code Daytime	Telephone Number
Enclosed is a check for (the following amount:		
S25.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNTOWN TRUCKING LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	.)
The Articles of Organization for this Limited Liability C	Company were filed on JANUARY 2, 20	19 and assigned
Florida document number L19000004448	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Lin	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 ADDI	RFSS)	<u> </u>
The fact of the state of the st	(1.00)	~ 8 11
		. –
Enter new mailing address, if applicable:		70 11 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		N
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
 -	City	rida 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	KERRY VERRETT	8526 RENALD BLVD TEMPLE TERRACE, FL 33637	
			■ Remove
			Change
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ffect an eff	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
.,	serve due of the Expartment of State & records.
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
The	90th day after the record is filed.
	12//0
ated	10/17/19

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Typed or printed name of signee

Filing Fee: \$25.00