L190000 29651

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COVERTELLER

Tallahassee, FL 32314

TO: Registration So Division of Cor					
SUBJECT:M	ehsion Trucking	110			
Substitute 1	Name of Lim	nited Liability Company			
The englosed Articles of	Amendment and fee(s) are sub	united for tiling			
Please return an correspo	ondence concerning this matter	to the following:			
	Mara Mona	Name of Person			
		Name of Person			
		Firm/Company			
·	1802 Allavist	a <u>Circle</u> Address	 -		
	Lakeland F	23810			
	E-mail address: (Yahou. Com to be used for future annual report not	lication)		
For further information c	oncerning this matter, please ca	all:			
Warren M	laynard	at (<u>Q5Q</u>) <u>881-0</u> Area Code Daytim	१७५		
	if Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Santary 29, 2019 and assign Florida document number 1900029651. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:	gnec
4	
W.F.M Trucking LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" 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) McDonough Ga 30253	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new (</u> agent and/or the new registered office address here:	regi
Name of New Registered Agent: Lawren Maynard	
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 wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
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Note: If the	late, if other than the d date is listed, the date must be date inserted in this block effective date on the Dep	ck does not meet the a	ipplicable statutory	or more than 90 da filing requiremen	(optional) ys after filing.) Pursua nts, this date will no	nt to 605.020 t be listed a
If the record sperecord is filed.	ecifies a delayed effective	date, but not an effect	tive time, at 12:01 a	.m. on the earlie	r of: (b) The 90th (day after the
Dated <u>&</u>	8-26-2021		·			
-	Wann	P Maynard ignature of a hember of	r authorized represent	ative of a member		
-	Warren	Maynard Typed or	printed name of sign			