## L 19 000031614

(Req	uestor's Name)	
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ecial Instructions to F	iling Officer:	
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## COVER LETTER

Registration Section Division of Corporations

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вјест: <u>AFF</u> 0	drable Haulin	a and Transport	uc
	Amendment and fee(s) are sub	-	
	Alysha Roy	Name of Person	
		- Hauling on Tr Firm/Company	corport UE
	2235 Gascon	Rd SW Address	
		City/State and Zip Code	
		indteguail.com to be used for future annual report notif	lication)
	oncerning this matter, please ca		
Alyma R	CY f Person	at (321 ) 501 35 Area Code Daytime	e Telephone Number
ised is a check for the	ne following amount:		
325.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Z \$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 S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Affodcable Hauling and Transport LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability C	ompany were filed on	1/30/2019	and assigned
rida document number <u>L 1900031614</u>		-	
s amendment is submitted to amend the following:			
If amending name, enter the new name of the limit	ited liability company	here:	
Affordable Hauling and Trew name must be distinguishable and contain the words "Lim	Consport LLC ited Liability Company," the	ne designation "LLC" or	the abbreviation "L.L.C."
r new principal offices address, if applicable:			<del></del>
cipal office address MUST BE A STREET ADDR	(ESS)		<del></del>
	<del></del>		<del></del>
new mailing address, if applicable:			
• • •		·	
ng address MAY BE A POST OFFICE BOX)	<del></del>		
		<del></del>	
mending the registered agent and/or registered and/or the new registered office address here:  Name of New Registered Agent:	office address on ou	r records, enter the	name of the new registered
New Registered Office Address:			
	Enter i	Florida street address	
		, Florid	a
	City		Zip Code
stered Agent's Signature, if changing Registered	l Agent:		
accept the appointment as registered agent of some sof all statutes relative to the proper and continuous of my position as registered agent to merely reflect a change in the registere has been notified in writing of this change.	omplete performance gent as provided for i	of my duties, and 1 n Chapter 605, F.S.	am familiar with and Or, if this document is
	If Changing Registered	Agent, Signature of Nev	w Degistered Agent

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

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□∧dd
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
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			□Add
		□Remove	
			□Change

	information, enter change(s) here: (Attach additional sheets, if necessary.)
	under Electronic Artholes of Organization,
remove	Pete Roy to own 5% of company.
	5
<del> </del>	
	·
e: If the date inserted	than the date of filing:
cord specifies a delayed filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d Novembe	L Rg Signature of a member or authorized representative of a member  The Roy  Type of a reinted name of signan.
-/1-	1 Ra
	Signature of a member or authorized representative of a member
nı.	I B
<u> </u>	Typed or printed name of signee