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(Re	questor's Name)	
(Ad	dress)	
- (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Ancendicus

MAR 1 5 2019

I ALBRITTON

COVER LETTER

	16, LLC	
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
		_
Vinc	ent Clinch Si	e.
	Name of Person	
VEKT	TRUCKING, L	LC
	Firm/Company	
941 NG	202nd Street	et
	Address	
Minni R	redence Ft. 231	169
	City/State and Zip Code	<u> </u>
Vincente	linth @ gmail. co	M
E-mail address: (to be used for future annual report noti	fication)
oncerning this matter, please ca	all:	
us Tomerk	205 144	1-1890
Person	Area Code Daytim	e Telephone Number
e following amount:		
S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy
	Amendment and fee(s) are subsidence concerning this matter Vinc Vinc Vincent E-mail address: (encerning this matter, please concerning this matter) Person Person	e following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee &

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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 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

Enter Florida street address

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

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Vincent Clinch SR	941 NW 202nd St.	Add
		941 NW 202nd St. Mami Gardens, Fl 33149	Remove
		3310	□ Change
			Add
			Remove
			Change
			🗆 Add
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	ive 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 tiling.) Pursuant to 605.020
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cum	ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
tod	Subruary 26 2019
iicu	
	Slooms
	Signature of a member or authorized representative of a member
	SHAKENA TOOMEK Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00