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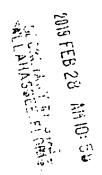
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to I	Filing Officer:	





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Philosophy of the Control of the Con

COVER LETTER

TO: Registration So Division of Con			
SUBJECT: BL	ick Beaut	Trucking ited Liability Company	a LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	6
Please return all correspo	ondence concerning this matter	to the following:	
	Zabrien	Hardaway Name of Person	SR. S.
	Black Be	auty Truck	cing LLC
	8420 N	oudridge 7	2d.
	Tampa,	Address () L 3341 City/State and Zip Code	9
	blackbeau E-mail address: (dutrucking	llcognail.co
For further information c	oncerning this matter, please ca	all:	
Zabrien Name o	Hardaway		Le -0853 e Telephone Number
Enclosed is a check for the	ne 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)
	ING ADDRESS	L STRUCTURE OF THE STRU	EII ADDRESS

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

Trucking	a LLC Book
ompany as it now appears on ited Liability Company)	on our records.)
pany were filed on <u>2</u>	-11-19 and assigned
liability company here	:
Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
<u> </u>	
	
d office address on o here:	our records, enter the name of the new
Enter Florida	i street address
City	, Florida
	pany were filed on 2 liability company here Liability Company." the desi of office address on of here: Enter Florida Enter Florida

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
NGR	Zabrien D.	8600 Wordridge Tampa, FL 33	P P.□ Add
Hardauxy i	Hardaway DR.	Tampa, FL 33	<u>U19</u> Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			
			□ Remove
			Change
			
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.)
authoris of rescon.
Sold Paris
E. Effective date, if other than the date of filing: (optional)
(If an effective 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 605.0207 (3)(the Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated Lebruary 21th 2019.
Signature of a member or authorized representative of a member
Zarbrien W. Hardaway St.

Page 3 of 3

Filing Fee: \$25.00