## L19000094768

(Re	questor's Name)	
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## **COVER LETTER**

WH CUST SUBJECT:	TOM TRANSPORTATION, LI	_C	
70 D3 E.C. 1.	Name of Lin	nited Liability Company	<del></del> -
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	STACY L. TUCKER		
		Name of Person	
		Firm/Company	
	1617 BRANGUS DRIVE		
	-	Address	<u>-</u>
	LAKELAND, FLORIDA	33810	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>
	UN (1Stom E-mail address: (	Hansport Caol. Co	OM ication)
for further information (	concerning this matter, please c	all:	
STACY L. TUCKER		813 3651317 at ()	
Name (	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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:

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WH CUSTOM TRANSPORTATION, LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on April 4, 2019	and assigned
Florida document number L19000094768		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
WH CUSTOM TRANSPORT, LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		75
		C 250 250 250 250 250 250 250 250 250 250
Enter new mailing address, if applicable:		₩ 26 20 95:
(Mailing address MAY BE A POST OFFICE BOX)		8-15.
4		<b>3 2 2 3 3 3 3 3 3 3 3 3 3</b>
		<u> </u>
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		name of the new
Name of New Registered Agent:		
Nov. Pagintanad Office Address.		
New Registered Office Address:	Enter Florida street address	
	Plands	
<del>-</del>	, Florida City Zi,	v Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am famil. ovided for in Chapter 605, F.S. Or, if thi ddress, I hereby confirm that the limited	iar with and s document is

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 = M			I		
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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			Remove		
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ote: If the	e date inserted in t	n the date of filing the must be specific and his block does not a the Department of S	neet the applicabl	date of filing or more the statutory filing rec	(optional) nan 90 days after filing.) quirements, this date w	Pursuant to 605,0207 (J vill not be listed as th
		layed effective of record is filed.		an effective time	, at 12:01 a.m. o	n the earlier of:
ated(	June	- Hog	. 2019_			
	1 1	, r n	"			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00