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## **COVER LETTER**

TO: Registration Solution of Con					
Roman Roman	igh Rider Log	istics 11 (			
SUBJECT: 1 100		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Rick	Angelotti Jame of Person			
	Pough	Rider Logistic	s LLC		
	1027 M	ARietta Lang			
		City/State and Zip Code	1726_		
	F-mail address: (	HOTTI & GMAIL. Co	itication)		
For further information of	concerning this matter, please c	all:			
Rick	AngeloTTi	at ( <u>352)</u> 80 1	- 8016		
Name (	of Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for t	he following amount:				
S25.00 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)		
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Corporations			
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ogistics		<u>.                                    </u>
(A Florida Limited (A Florida Limited)	Liability Company)	ur recorus.)	
The Articles of Organization for this Limited Liability Company	were filed on		_ and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	struction LL	<u>C</u>	
he new name must be distinguishable and sontain the words "Limited Liabi	Itty Company. The designat	ion "LLC" or the abbre	viation "L.L.C.
Enter new principal offices address, if applicable:	<u> </u>	س حَرَ	C34
Principal office address MUST BE A STREET ADDRESS)	<u></u>	声(5) <b>&gt;&gt; 3</b> *	<u> </u>
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		SE	3
Enter new mailing address, if applicable:	NIN	লাল প্র	AH
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Mailing address MAY BE A POST OFFICE BOX)		57	<u>€2;</u>
2. If any on the major and any to the state of the state			e
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the name o</u>	the new reg
•			
N. CN. D. C. L.			
Name of New Registered Agent:			
Name of New Registered Agent:  New Registered Office Address:	Enter Florido str	urt address	
	Enter Florida stre		
		vet address , Florida	70. C. J.

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		
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ffective date, i	if other than the	date of filing:				(optional)		
<u>tote:</u> If the date	if other than the is listed, the date muse inserted in this blocking date on the De	ock does not me	et the applic	able statutory	or more than 90 d filing requireme	ays after filing.) nts, this date v	Pursuant to vill not be	o 605.020 : listed as
record specifies I is filed.	a delayed effective	e date, but not a	n effective ti	me, at 12:01 a	.m. on the earlie	er of: (b) The	90th day	after the
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		A						
		Signature of a mo	ember or author	orized represent	ative of a member		-	_
		/ }	Λ					