L19000164178

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(OK) ORDIO ZIPT HORE #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

fO:

Tallahassee, FL 32314

FO: Registration Se Division of Cor			
SUBJECT: To A	15 TRIVERTINE 11	· · ·	
OBJECT: <u>LY</u>	Name of Lim	ited Liability Company	
The conclusion Ambiglian of	Amendment and fee(s) are sub	mitted for filling	
the enclosed Afficies of	Amendment and ree(s) are sub	united for timig.	
Please return all correspo	indence concerning this matter	to the following:	
	<u> biviller</u> H	O MARTINEZ Name of Person	
		Firm/Company	
	1405 SW	195T. Address	
		Address	
	FORT Lav	dadale Fla. 3	33315
	alian win	City/State and Zip Code City/State and Zip Code De PSouth. Mit to be used for future annual report noti	2 7
	E-mail address: (to be used for future annual report noti	fication)
for further information c	oncerning this matter, please co	all:	
Lui Pezno M	PRTINET	at (<u>954</u>) <u>560 3</u> Area Code Daytim	3446
Same o	i reison C	Alta Code Dayini	e receptore vontee
Enclosed is a check for the	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 Addres	:e-	Street Address:	
Registration	_	Registration Se	ction
Division of C		Division of Cor	rporations
P.O. Box 632	27	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIMS IRUCKING LL				1/21 7	;
LyMS IRVERING LL (Name of the Vimited I. (A F	iability Compan korida Limited Li	y as it now appears on our ability Company)	records.)		******
			1/2.	,	2
he Articles of Organization for this Limited Liabil	lity Company v	vere filed on <u>06</u>	121/201	19 and assig	ned
lorida document number <u>L 19000 16</u>	41 78		•		
his amendment is submitted to amend the following	ng:				
. If amending name, enter the new name of the	e limited liabil	itv company here:			
F-M-Schenck LLC he new name must be distinguishable and contain the words			w4.1 (2")	11	
he new name must be distinguishable and contain the words					
inter new principal offices address, if applicable	e:	1405 SW FORT Lava	1958		
Principal office address MUST BE A STREET A	DDRESS)	FORT Lava	lerdale	- Fla. 3	3315
					
Inter new mailing address, if applicable:					
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u>X)</u>				
l. If amending the registered agent and/or regis		ddress on our records,	enter the nar	ne of the new	<u>registered</u>
gent and/or the new registered office address h	<u>ere</u> :				
Name of New Registered Agent:					
New Registered Office Address:	1405 S	5 W 1957. Ener Florida stree. Herclale City			
	_ /	Enter Florida stree	i address	ـ د.	
Z	ont Laur	terdate	, Florida	33315	
		City		Zip Code	

iew Registered Agent's Signature, if changing Registered Agent:

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 recept 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 ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

4GR = Manager \MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
W-1-14-41111-A-2-111-A-2-111-A-2-111-A-2-111-A-2-111-A-2-111-A-2-111-A-2-111-A-2-111-A-2-11-A-2-11-A-2-11-A-2-			🗀 Add
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m effe ote:	ve date, if other than the date of filing: 09/22/2000 (optional) retive 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 695.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and a series effective date on the Department of State's records.
is fil	
ited .	12 2020
	/vifluw/arrulj Signature of a member of authorized representative of a member