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## **COVER LETTER**

TO: Registration Se Division of Cor		Λ	
subject: <u>}_</u> (	heetahs NA-	rvck LLC ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Renard	Name of Person	
	3 Cheetons	NA truck Firm/Company	LLC
	373D Ambero	rist Drive Address	
	anga	FL 336/C City/State and Zip Code	<del>1</del>
	E-mail address: (to	be used for future annual report no	otification)
Division of Corporations  SUBJECT: 3 Cheetak NA truck LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Tenard Joseph Market LLC  Firm/Conipany  373D Ambernest Drive  Address  TL 33L/G  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Name of Person  at (			
Name o	f Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OI	-	77 777 -7 PH 2. 11
3 Cheetche NA truk (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our rability Company)	Ş" · · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company of Florida document number This amendment is submitted to amend the following:		2/2019 and assigned
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation	"LLC" or the abbreviation "L.1C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street	address
	Cir	Florida Zip Code
	City	zip cone

## 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 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

Title M612	Name	Address	Type of Action
NO 12	lictory Joseph	3730 Ambermist De Timpa F	_ L_□Add
		33614	Remove
			□Change
MGR	Robinson langier	3730 Ambermist Dr. Tomp	a Fi L'Add
		336/9	□Remove
M6P2			□Change
MARIE	Sayette Seser Quefant	fr. 3730 Ambermet D-	UAdd
		Tampa FL 33619	□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□Aċd
			Remove
			□Change

lf an e Note:	tive date, if other than the date of filing:
ne reco	ord 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 filed.
Dated	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00