

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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10/28/19--01027--002 **25.00

COVER LETTER

| . Division of Cor | porations | | | |
|-----------------------------|---|---|---|---------------|
| SUBJECT: SARAC | AL TRUCKING S Name of Lim | ERVICES LLC ited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | | Name of Person | <u>. </u> | |
| | SARACAL TR | UCKING SERVICES, | LIC | |
| | 10624 LZCAY | Address | | |
| | TAMPA, FLORI | SA 33647 City/State and Zip Code | | |
| | HENRYWORKS 630 E-mail address: (| 6 1/AH00.COM to be used for future annual report notice | fication) | 13 |
| For further information c | oncerning this matter, please c | | | |
| HENRY J. W | ORKS, Jr. | at (352) 661 - 60 Area Code Daytime | 6 88 | |
| Name o | i rerson | Area Code Daytim | e releptione Number | THE SECONDARY |
| 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 Statu Certified Copy (additional copy is encl | |
| | | | | |

Registration Section

TO:

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

| (Name of the Limited Liability Company as it nov (A Florida Limited Liability Coi | v appears on our records.) |
|--|--|
| (A Florida Limited Liability Con | npañy) |
| The Articles of Organization for this Limited Liability Company were filed | I on August 29,2019 and assigned |
| Florida document number <u>∠/9000</u> 221 3 70 . | , |
| This amendment is submitted to amend the following: | |
| This amendment is submitted to amend the following. | |
| A. If amending name, enter the new name of the limited liability comp | pany here: |
| The new name must be distinguishable and contain the words "Limited Liability Compan | v," the designation "LLC" or the abbreviation "L.L.C." |
| • | |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | <u></u> |
| | ₹ £ |
| Enter new mailing address, if applicable: | 3 24 |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | 9 7 Geo |
| B. If amending the registered agent and/or registered office addi | The Contract of the Contract o |
| registered agent and/or the new registered office address here: | (2) (17) |
| | 3 |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | nter Florida street address |
| | Florida |
| City | Zip Code |

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

¹ 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 |
|--------------|---------------------|----------------------|----------------|
| MGR | HENRY J. WORKS, Jr. | 10624 LUCAYA DR. | |
| | | TAMPA, FLORIDA 33647 | Remove |
| | | | Change |
| MGR | JANETTA V. CLARK | 10624 LUCAYA DR. | ⊠ ∧dd |
| | | TAMPA, FLORIDA 33647 | □ Remove |
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| | ated 10/25 . 2019 . |
| | Henry J. Wakes Jr. Signature of amember or authorized representative of a member |
| 1/2 2 7 1 1 2 1/2 7 | HENRY J. WORKS JR. Typed by printed name of signee |

Page 3 of 3

Filing Fee: \$25.00