L19000224084

(Requestor's Name)	
(Address)	400336029684
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	11/01/1301024009 *+25.00
(Document Number)	
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COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT: Ko	untry Boy Truckin	q LLC	·
-	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	•	
r rease return an correspo	mocnee concerning this matter	to the following.	
	Derrick D	. Wimbush	
		Name of Person	
	Kountry	Boy Trucking LLC	,
		Boy Trucking LLC Firm/Company	
	11840 Lax	4 Lucava Drive	
		4 Lucaya Drive	
	Riverviein	J FL 33579	
		City/State and Zip Code	
	Fountry boy	J FL 33579 City/State and Zip Code Trucking IIc@gm to be used for future annual report notifi	ail · COM
For further information of	concerning this matter, please ca		
Dernick D	•	at (<u>478</u>) <u>244 – L</u> Area Code <u>Daytime</u>	944 Telephone Number
Enclosed is a check for t	-		
☑ \$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 Status & Certified Copy (additional copy is enclosed)
			NN - NNNPAA

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

Kountry Boy Truck	ina LLC
	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L19000224084</u> .	mpany were filed on 9 4 19 and assigned
This amendment is submitted to amend the following:	ω`
A. If amending name, <u>enter the new name of the limited</u> N	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	SS) NIA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the ness here:
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter 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.

N/A

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>	Name	Address	Type of Action
MGR	Derrick D. Wimbush	11840 LakeLucaya Dr.	
		Riverview Fl 33579	Remove
			Change
AMBR Derrick D. Wimbush	11840 Lake Lucaya Dr.	Change	
	Riverview FL 33579	Remove	
			Change
			
		Remove	
			Change
			Add
		Remove	
		Change	
		Add	
		Remove	
			Change
		🗀 Remove	
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing: 9 9 9 9 9 (optional) fective 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 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Datec	<u>October 24</u> . 2019.
	October 24 . 2019. Druck W Signature of a member or authorized representative of a member

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Filing Fee: \$25.00