## 119000238323

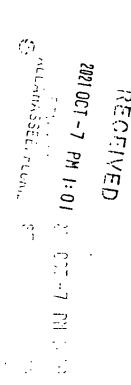
(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
<b>/</b> 7
PICK-UP WAIT MAIL
PICK-OF WAIT
<b>/</b> /
(Business Entity Name)
· · · · · ·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400373132574

16/07/21--01022--002 \*\*50.00



## **COVER LETTER**

Division of Corp	orations		
subject: <u>Henc</u>	y Romain's To	tucking LLC ed Liability Codipany	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Henry B	Name of Person	
	Heury Bon	Firm/Company	LLC
	15 Red Wood	THACK PASS	ocala
	FC. 340	472 City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	li:	
		at () Area Code Daytim	
Name o	f Person	Area Code Daytime	e letephone Number
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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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

F

~ ~ •	<u>^ -                                   </u>	-7	PM	٠.	. 57
		*	1 1 1		•

The Articles of Organization for this Limited Liability Company were filed on 69-20-2019 and assigned Florida document number 6. 19 000 238323  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  HCRY ROMAIN TRUCKION LLC  The new name must be distinguishable and contain the words "Emited 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 ADDRESS)  Enter new mailing address. if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Henry Romains TRE (Name of the Limited Liability Companion (A Florida Limited E	ny as it now appears on our re	cords.)
A. If amending name, enter the new name of the limited liability company here:    Along   Roman   Trock   General	The Articles of Organization for this Limited Liability Company		
The new name must be distinguishable and contain the words "Edmired 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 ADDRESS)  Enter new mailing address. if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	This amendment is submitted to amend the following:		
Enter new mailing address. if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address     Florida			'LLC" or the abbreviation "L.L.C."
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address   Florida	•		
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  , Florida			
New Registered Office Address:  Enter Florida street address , Florida		address on our records, <u>e</u>	nter the name of the new registere
Enter Florida street address	Name of New Registered Agent:		
	New Registered Office Address:	Enter Florida street a	address .
			Elorida
			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 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
			□Add
			🗆 Remove
			□Change
			□Remove
			□Change
	4		□Add
			□Remove
			□Change
			🗆 🗀 Add
			Remove
			☐Change
<del></del>			□Add
			Remove
			□Change
<del></del>			□ Add
			□Remove
			□ Change

		-
		_
		_
		_
		_
		-
		-
		-
		-
<u>ite:</u> Tí th	late, if other than the date of filing:	)5 <b>0</b> 20 sted a
ecord spe is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er th
ted	10-7-21 2021	
	Signature of a member or authorized representative of a member	
	Henry Bomain  Typed or printed name of signce	