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COVER LETTER

Division of Corporations
SUBJECT: Lyons Den Truck-ing Lkc. 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:
Bobby Lyans Vame of Person
Firm/Company
7739 Chinkapin Ct
O21 and 5 Fl 32818 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bobby Lyons at (40) 575-3497 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
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Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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 OF

Lyons Den Tri	icking LLC
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 11900349906	y were filed on 10/16/19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia Lyas Den Enter or The new name must be distinguishable and contain the words "Limited Liab	ises LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7739 Chinkapin Ct. Celando, Fl 33818
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7739 Chinkapin Ct Celando, Fl 32818
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 1739	Enter Florida street address
CRIC	Florida 33818 Zip Code

New 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 rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is eing 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.

er 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	LaiDaun Lyons	7739 Chinka Pin Ct	(MiAdd)
	9	<u>Cielando, F1 32818</u>	□Remove
			□Change
MGR	Michael Culver	3280 Northside Pank.	<u>ब्र</u> ्⊒Add
		#112 Atlanta Cn 303	27 DRemove
			□Change
-1 <u>G-1</u> 2	Sheila Culver	3280 Northside Parkury # 112	<u>}</u> □add
		Atlanta GA 30327	Remove
			□Change
-1 <u>CR</u>	Pamola Lyons	308 North Kentucky au	2_ □Add
		Cocia, F1 32922	Romove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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an effect Sote: If	e date, if other than the date of filing:
record :	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 l.
ated	May 07 2020
	May 07 2020 Bolly J. 24 Signature of a member or authorized representative of a member
	Bobby L. Lyon S Typed or printed name of signee