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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
•	,	,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1





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COVER LETTER

TO: Registration Section Division of Corporation	rations		
SUBJECT: Lat	imer Truck	ed Elability Company	LLC
The enclosed Articles of Am	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Reshaur	Latimer Name of Person	
		Firm/Company	
	16104 T:	Soris Bluff Ro	al
		Address	
	Jax, FL	.32218	
			e.
		ickingsvos Ogma	
	·	be used for future annual report notif	ncation)
For further information conc	erning this matter, please call	1:	
Reshaun La	ltime/	at (404) 4/38 -	4626
Name of Pe	erson	Area Code Daytime	e Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	S30.00 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)

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 OF

Latimer Trucking	Services LC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)		
ne Articles of Organization for this Limited Liability Comorida document number	npany were filed on 10 9 19	and assi	gned
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited	d liability company here:		
e new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the ab	breviation "L.I	C."
nter new principal offices address, if applicable:	·		
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
nter new mailing address, if applicable:			
Auiling address MAY BE A POST OFFICE BOX			
	67		
. If amending the registered agent and/or registered o zent and/or the new registered office address here:	office address on our records, enter the nam	e of the new	registe
NI CNI D I I A			
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:			
	Enter Florida street address	2021 FE	
	Enter Florida street address, Florida	2021 FES	<u>i</u>
	, Florida		<u> </u>

g filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

any has been notified in writing of this change.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Latasha Latimer	16104 Tisuns Bluff Rd	🗆 Add
		Jax, FL. 32218	[ARemove
			□ Change
AMBR	Reshawn Latimer	Woy Tisons Bluff Rd	lxAdd
		Jax, FL. 32218	□Remove
			□Change
mor	Latasha latimer	16164 Tisons Bluff Rd	tdAdd
		Jax, FL. 32218	□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change

	
-	
	
ote: If t	date, if other than the date of filing:
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	1/26 2021
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Reshaun latimer of Sc. Typed or printed name of signee

THE CAR OF