L19000255885

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	

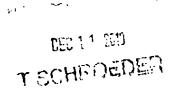
Office Use Only



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COVER LETTER

	Registration Sec Division of Corp			
	Wild Card T			
SUBJEC	T:	Name of Limite	ed Liability Company	
		Amendment and fee(s) are subm		
		Michael Zeigler		
			Name of Person	
		Wild Card Truckers LLC		
			Firm/Company	
		3264 Beacon Dr		
			Address	
		Punta Gorda, FL 33980		
		wildcardtruckers@gmail.cor	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	и:	
Michae	l Zeigler		at () 663-8240 Area Code Daytime	
	Name o	flerson	Area Code Daytime	Telephone Number
Enclose	d is a check for th	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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

Wild Card Truckers LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company velocida document number 119000255885	were filed on 10/10/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>c</u> :	nter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	
	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

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>	<u>Address</u>	Type of Action
MGR	April Zeigler	3264 Beacon Dr	Add
		Port Charlotte, FL 33980	■ Remove
			Change
MGR	Michelle Neece	2203 Bellevue Ave	Add
		Bettendorf, IA 52722	Remove
			Change
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	(optional)	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of fil Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ling or more than 90 days after filing.) Pursuant to 60.	5.0207 (3)(led as the
the record specifies a delayed effective date, but not an effe) The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earli	er of:
2010		
Dated November 6 2019		

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Typed or printed name of signee

Filing Fee: \$25.00