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## **COVER LETTER**

TO: Registration Division of	Section Corporations	
SUBJECT:	Four Boy 2 Hauling LhC Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corre	spondence concerning this matter to the following:	
	Yorlana Ulloa	
	Figure of Person  Name of Person  Figure Bay + Aulling, LLC	
	3331 Gardenia Drive	
	Hernando Beach, FL 34609	
	City/State and Zip Code  JOY 1187 @ Graul. COM.  E-mail address! (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
JOY Nam	at (352) 345-1851.  Area Code Daytime Telephone Number	
Enclosed is a check f	τ the following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

#### 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

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tour 1	Bayzt	fauling,	LAPON 18	MHI: 53	
(Name of the Limited   (A	Liability/Compan Florida Limited Li	y as it now appears on ability Company	our records.)		
The Articles of Organization for this Limited Liab		were filed on	0/16/19	and assigned	
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	<u>se limited liabil</u>	ity company here:			
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the desig	nation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicabl	le:	NA			
Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:	N.O.	· · · · · · · · · · · · · · · · · · ·	<del></del>		
Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	<del></del>			
			<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off e address here:	ice address on ou :	ır records, <u>enter</u>	the name of the n	ew
Name of New Registered Agent:	NA				
New Registered Office Address:					
		Enter Florida :	street address		
-		City	, Florida	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.

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 Title Type of Action Yorlan allow 3331 Gardenia DR, Herrando Bead Anda

FL 34604. \_\_\_\_\_ Rem ☐ Remove ☐ Change □ Add ☐ Remove Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change

□ Add

☐ Remove

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
NA
• 1/0
E. Effective date, if other than the date of filing: (optional)  (If an effective 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 (3)(b)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the 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 record is filed.
Dated November 14th, 2019.
Signature of a member or authorized representative of a member  Office Typed or printed name of signee

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Filing Fee: \$25.00