L19000280265

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COVER LETTER



то:	Registration Sec Division of Corp	orations ;		u s A
SUBJE	ест:С	OOMBS TA	RUCKING Lited Liability Company	<u>ic</u>
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		ROHA	AN COOM!	3 <u>s</u>
			Firm/Company	
		5036 DR 7	PHILLIPS BLV	D 348
		ORLAND	O FL 32 City/State and Zip Code	819
		ROHAN SH E-mail address: (1	Y573 @ YAHOO to be used for future annual rep	• COM port notification)
For fur	ther information co	ncerning this matter, please ca	all;	
<u>R</u>	OHAN C Name of	OOMBS Person	at (<u>407)</u> 6 Area Code	00 - 5638 Daytime Telephone Number
Enclose	ed is a check for the	following amount:		
½ 1 \$2.	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclose	□ \$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

	Or	7.23 Se 14 13	; 9: 1:5
COOMBS	TRUCKING	LLC	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now app la Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability (Florida document number <u>L 19000282</u>	Company were filed on .	11/12/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," th	ne designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		r records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		2) -)	
	Enter l	Horida street address	
	7.55	, Florida	Zip Code
	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 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	Name	Address 11 Fig. 9:45	Type of Action
MGR	ROHAN COOMBS	5036 De Phillips BlvD 348	TAdd
		ORLANDO, FL 32819	□Remove □Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			
			-
			□ Add □ Remove
			□ Change

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	<u></u>
Effective date, if other than the date of filing:	ant to 605,0207 (3)(of be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th rord is filed.	day after the
Dated SEPTEMBER 8. 2020	
Signature of a member or authorized representative of a member COOMS	

Filing Fee: \$25.00