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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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Certified Copies	_ Certificat e s	or Status
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Office Use Only



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COVER LETTER

TO:	Registration Division of	i Section Corporations			••
erib iva		N FLORIDA TRUCKING LLC		7	
SUBJE	CI:	Name of Lin	nited Liability Company		
The encl	losed Articles	of Amendment and fee(s) are sul	omitted for filing.		
Please re	eturn all corre	spondence concerning this matter	to the following:		E) 1
		ANGLIN DAVID			
			Name of Person		
			Firm/Company	<u></u>	
		2030 ALCAZAR DRIVE			
		MIRAMAR FL 33023	Address		
			City/State and Zip Code		
		E-mail address:	(to be used for future annual report notifi	cation)	
For furth	her information	on concerning this matter, please of	call:		
DA1	vio Fa	N.C. L.1 N ne of Person	at (S 4) 27 4 - 6 Area Code Daytime	7と51 Telephone Number	
Enclose	d is a check f	or the following amount:			
₹ \$25	.00 Filing Fe	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fcc. Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ANGLIN FLORIDA TRUCKING LLC

and assigned (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/18/2019 Florida document number L19000286813 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

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>	Name	Address	Type of Action
MGR	ANGLIN DAVID	2030 ALCAZAR DRIVE	
		MIRAMAR FL 33023	□Remove
			= Change
SEC/TRE ANd	ANGLIN ROBERT	4840 NW 17TH COURT	
		FORT LAUDERDALE FL 33313	□Remove
			■Change
			□Add
			□Remove
			□Change
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te:	tive date, if other than the date of filing:
ecor is fil	d 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 ed.
ited	DECEMBER 19 2019
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00