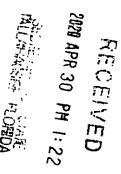
(F	Requestor's Name)
4)	Address)
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(0	City/State(Zip/Phone #)
PICK-UP	WA)T MAIL
(É	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TM PENN TRUCKING LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Macmillan Rom lig	ha
1036 Rochman St A  Address  Delando Horida  City/State and Zip Co  In penall Camil Con  E-mail address: (type used for future ann	
E-mail address: (tobe used for future ann	ual report notification)
For further information concerning this matter, please call:	
Macmillan Renn Texta at (813) Name of Person  Area Code	614 - 1867 Daytime Telephone Number
Enclosed is a check for the following amount:	
<ul> <li>         ∑ \$25.00 Filing Fee</li></ul>	Certificate of Status &

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

IM PENN LLC	2020 2020
PENN LLC (Name of the Limited Liability Compa) (A Florida Limited L.)	inv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on 12/06/2019 and Signed
Florida document number <u>119000298007</u> .	
The Articles of Organization for this Limited Liability Company Florida document number <u>19000298007</u> . This amendment is submitted to amend the following:	Red To the second secon
A. If amending name, enter the new name of the limited liab	lity company here:
TM PENN TRUCKING LLC The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1036 Redman St Apt C Orlando Floreda 32839
(Principal office address MUST BE A STREET ADDRESS)	Vrlando Floreda 32839
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office:	1036 Radman St Apl C  Orland o Florida 32839  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: Macn	rellan Benn Legfa
New Registered Office Address: 1036	Resman St Apt C Enter Florida street address
	No. Florida 3283 G  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. Thereby 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

Title	<u>Name</u>	Address	Type of Action
MGR	Macmillan Benn ligha	1036 Redman Stapte Atal	🗀 Add
		1036 Redman Stapte Offerd  Delando Fl 32839	□Remove
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			2025 APR
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ote.	e date, if other than the date of filing:	0207 d as
record Lis tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after 3.	the
ated _	OH/30/2020	
	Riliata	
	Signature of a member or authorized representative of a member	