## 120000015921

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
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Certified Copies	Certificates	e of Statue
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## **COVER LETTER**

· TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Team V	WC Trucking	,	
SUBJECT:	Name of Lin	nited Liability Company	• ; •
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Sherri Williams		
		Name of Person	
	Team WC Trucking		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	940 sw 75th ave		
		Address	
	Plantation, FI 33317		
		City/State and Zip Code	
	teamwetrucking@gmail.c		
	E-mail address: (	to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
Sherri Williams		786 236-1528	
Name	of Person		e Telephone Number
Enclosed is a check for t	the following amount:		
S25.00 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 Addre		Street Address:	
Registration Division of (		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



September 11, 2022

SHERRI WILLIAMS 940 SW 75TH AVENUE PLANTATION, FL 33317

SUBJECT: TEAM WC TRUCKING, LLC

Ref. Number: L20000015821

We have received your document for TEAM WC TRUCKING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 522A00020162



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEAM WC TRUCKING,	LLC		2022 (CFF 13 TM 7: 55
(Name of the Limited (A	Liability Compan Florida Limited L	y as it now appears on our recor ability Company)	
The Articles of Organization for this Limited Liab Florida document number L20000015821	oility Company v	were filed on <u>01/08/2020</u>	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liabi	iity company here:	
N/A			
The new name must be distinguishable and contain the word	ds "Limited Liabili	ty Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	N/A	
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address	•	ddress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	Terrie M. Crav	vford	
New Registered Office Address:	2367 Betsy D	Enter Florida street addre	
		Enter r tortaa street aaare	33

## 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

Jacksonville

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>	Name	Address	Type of Action
MGR	Terric M. Crawford	2367 Betsy Dr. Jacksonville, Fl. 32210	_ <b>≣</b> Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ 🗆 Remove
			_ Change
			_ □Add
			_ ∐Remove
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	<del></del>		_□Add
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ective date if a	other than the date of filing: (optional)
n effective date is li	sted, 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
	serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
JUNE 6	2022
ted	
	Signature of a member or authorized representative of a member
	Merri Willand Turrie M. Crawfor Typed or printed name of signee
	Typed or printed name of signee / Urrul / L. (raufo)