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FILED 2020 NOV 25 PH 1: 36

1/12/21

Division of Co	orporations		
SUBJECT: 824 Truc	king LLC.		
SUBJECT.		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Jamel W. Nelson		
		Name of Person	
	824 Trucking LLC		
		Firm/Company	
	16373 Nw 20 st		
		Address	
	Pembroke Pines Florida	33028	
		City/State and Zip Code	•
	mrdibiase@gmail.com E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Jamel W. Nelson		at (786) 3258790	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 Addr	ess:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section

w:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

824 Trucking LLC

(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L20000047528	ability Company were filed on Februrary 10, 2020	and assigned
This amendment is submitted to amend the folio	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREET	[ADDRESS]	2020
		¥ 25
Enter new mailing address, if applicable:		m
(Mailing address MAY BE A POST OFFICE I	<u></u>	
		<u>.</u> ω
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office address on our records, <u>enter the pass</u> here: Jamel W. Nelson	ame of the new registere
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
N. B	<u>City</u>	<u> zip Code</u>
provisions of all statutes relative to the prope accept the obligations of my position as regis	d agent and agree to act in this capacity. I further over and complete performance of my duties, and I astered agent as provided for in Chapter 605, F.S. Cegistered office address, I hereby confirm that the	n familiar with and Or, if this document is

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Janet Grant	16373 Nw 20 St.	■Add
		Pembroke Pines Fl., 33028	□ Remove
			□ Change
AMBR	Jamel Nelson	16373 Nw 20 st.	≣ Add
		Pembroke Pines Fl. 33028	□ Remove
			. 2022
MGR	Jamel Nelson	16373 Nw 20 St	2020 PH
		Pembroke Pines F1, 33028	Remove
			దు ఈ □Change
			□Remove
			□Change
			□Remove
			□Change
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			□Remove

							
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	other than the	e date of filing:	<u>'</u>		(optic	onal)	
ffective date, if	listed, the date mu	st be specific and c	annot be prior to		than 90 days after	filing.) Pursuant	
an effective date is	nserted in this b			s statutory times	oquitorito, con	, La ic 11111101	or noted t
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