LZ00000 81954

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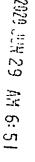


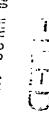
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AUG 1 2 2020 - 322 S. YOUNG





COVER LETTER

Division of Cor			
SUBJECT:S	yr F (145 Assur) Name of Limited Liabil	Ance Trucking ity Company	LLC
The enclosed Articles of	Amendment and fee(s) are submitted for	filing.	
Please return all correspo	ondence concerning this matter to the following	owing:	
	- Kelsey BAC	ne of Person	
	Fir	m/Company	
	9593 NW	Jith pl Address	
	Sunrise FL City/Sta	33322 Ite and Zip Code	
	E-mail address: (to be used	for future annual report notification	on)
For further information c	oncerning this matter, please call:		
Belsey James	BACINE at	(<u>954</u>) <u>605 - 3</u> Area Code Daytime Tele	phone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	Certificate of Status Ce	5.00 Filing Fee & entified Copy ditional copy is enclosed)	☐ \$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

.*3

SurFolub Assur	Ance Trucking 1	10
The Articles of Organization for this Limited Liability	Company were filed on 3/1	3/2020 and assigned
Florida document number <u>L2000 60 81 9 S</u>	<u>-4</u> .	25
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 "Li	mited Liability Company," the designal	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		s, enter the name of the new registered
Name of New Registered Agent:	<u></u>	
New Registered Office Address:	Enter Florida str	eet address
	THE TAX HE SH	
	City	, Florida 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 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>	<u>Name</u>	Address	Type of Action
AMB12	Kelsey Braine	9593 Nu 26th pl	□ Add
	,	9593 NW 26th pl Suprise, FL 33322	DRemove
			□Change
			□Add
			□Remove
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i effective date is listed te: If the date insert	er than the date of f I, the date must be specific ted in this block does r ate on the Department	c and cannot be prior t not meet the applica	o date of filing or more t	(optional) han 90 days after filing, quirements, this date) Pursuant to 605.0207 will not be listed as
cord specifies a dela s filed.	ayed effective date, but	t not an effective tin	ne, at 12:01 a.m. on th	ne earlier of: (b) Th	e 90th day after the
ed 6/20		. 2020	-		
	75	10000			
	Signapare of	of a member or author	rized representative of a	member	