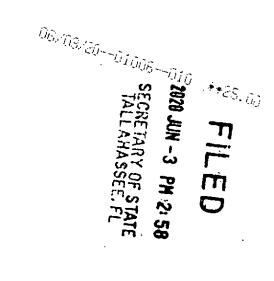
## L20000 116356

Office Use Only



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JUN 19 2000

## CUYER LETTER

TO: Registration Section Division of Corporations

MR SMITH	FAMILY TRANSPORT LLC		
30 <b>03</b> 1.C1.	Name of Limi	ited Liability Company	0
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARY SMITH		
		Name of Person	
		Firm/Company	
	18650 SE WRENNIE MO	ODY RD	
		Address	1,1000
	BLOUNTSTOWN, FL 324	424	
		City/State and Zip Code	
	MARY6AROS@GMAIL.C	COM	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
RAYMOND SMITH		850 901-7303	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	S30.00 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 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

## ANTICLES OF AMENUMENT

## TO ARTICLES OF ORGANIZATION OF

MR SMITH FAMILY TRANSPORT LLC

company has been notified in writing of this change.

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u> )
e Articles of Organization for this Limited Liability Company were filed on 4/29/2020		and assigned
Florida document number L20000116356		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
MR SMITH FAMILY TRUCKING LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SE 28
(Principal office address MUST BE A STREET ADDRESS)		
		AAA I
		A S
en		SEP 72
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	zr
	. F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
t hereby accept the appointment as registered agent and ag	ree to act in this canacity. I fi	urther garee to comply with t
provisions of all statutes relative to the proper and complete		
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	e address. I hereby confirm th	iat the limited liability

If Changing Registered Agent, Signature of New Registered Agent

er amending receiverees e croonsy accinorised	w manage, <u>emer</u>	the title, name, and	HUMICOS DI CACII DELOVII	veing nuncu
or removed from our records:				

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ee at a day to the about the sales of	be specific and cannot be	prior to date o	f filing or more tha	(option 90 days after	filing.) l	Pursuant	to 605.02	.07
an effective date is listed, the date must		oplicable sta	utory filing requ	urements, this	date w	'ill not b	oc fisted	as
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an effective date is listed, the date must lote: If the date inserted in this block								æ
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Dated	partment of State's rec	ords.			) The	90th da	y after th	