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APR 14 2021 R. HUNT

COVER LETTER

TO: Registration Section Division of Corporation	18		
SUBJECT: TOUCH 1	V Go Truckir Name of Limited L	X LL C jability Company	
The enclosed Articles of Amenda	nent and fce(s) are submitte	d for filing.	
Please return all correspondence of	concerning this matter to the	e following:	
<u></u>	Antakeisha t	Name of Person	
	ouch N Go Tr	UCKING LLC Firm/Company	
_2	.488 NW 43	Rd S+ Address	- -
	Miami, FL, 3	3147 1y/State and Zip Code 1.09 @ 9 m ail. Com used for future annual report notification	
<u>+</u>	OUCH n 50 truck E-mail address: (to be	used for future annual report notification	on)
For further information concerning	ig this matter, please call:		
Antakeisha He Name of Person	pbyrn	at (<u>786</u>) <u>291 - 7808</u> Area Code Daytime Tele	ephone Number
Enclosed is a check for the follow	ring amount:		
	i0.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y Company as it now a	innears on our records)	
Limited Liability Comp	pany)	
ompany were filed o	on 05 05 2026	and assigned
ted liability compa	ny here:	
ited Liability Company.	"the designation "LLC" or the ab	breviation "b.k.C." :
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/?ic	, Florida	2: (2.1
City		Zip Code
1	ted liability company. ESS) office address on	ted liability company here: ted Liability Company," the designation "LLC" or the ab ESS) office address on our records, enter the name Enter Florida street address , Florida

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
MGR	Demetrius Davis	2488 NW 43RO ST	🗹 Add
		Miam, FL 33142	□Remove
			□ Change
			□Add
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			□Remove
			□Change

+	
Effective	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
locument	's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	
	Com Land
Dated	05/04/2020
	, ALAGS
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00