L2000161611

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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COVER LETTER

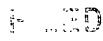
10: Registration So Division of Cor			
SUBJECT: MArco	S WILLIAM C Name of Lim	S LLC Truck!	ńg
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARCUS	WILLIAM	<u> </u>
	<i></i>	Name of Person	
		Firm/Company	
	1128 00	Cala Rd APT B	<u>-7</u>
	Tallahasse	e FL 32304 City/State and Zip Code	
	Marcuswill E-mail address: (AMS ///972 @ 9	amail.com
Vor further information c	oncerning this matter, please ca		
MATCUS Name o	MLL/APS Person	at (<u>ZZZ</u>) <u>3//2</u> Area Code Daytima	2/039 e Telephone Number
Enclosed is a check for the	ne following amount:		
ZZ 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 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



2023 MAR 22 PH 12: 00

MAYOUS WILLIAMS Trucking LLC (Name of the Limited Liability Company as it yow appears on our records.) (A Florida Limited Liability Company) [ALL: SEE, FL]
The Articles of Organization for this Limited Liability Company were filed Alone S/2020 and assigned Horida document number 42000161611
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: MAKCUS WILLIAMS Trucking 14C
New Registered Office Address: 1124 Ocale Rd API B-7 Enter Florida street address
Tallahassee
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 eccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is I cing 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MCR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARCUS WILLIAMS	1128 Ocala Rd Api B-7 Tallahassep FL	EAdd
			— · · ·
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· ——			🗆 Add
			□Remove
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			□Remove
			□Change

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<u>ote:</u> Ii`i	date, if other than the date of filing:
is filed.	
lated ${\cal Q}$	3/22/2023
	Maxaut Musik of a member or authorized representative of a member
	Signal of a member or authorized representative of a member MATCUS WILLIAMS Typed or printed name of signee

Filing Fee: \$25.00