LZ0 000 167088

(Requestor's Nam	ne)
(Address)	
(Address)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity N	Name)
(Document Numb	er)
Certified Copies Certifica	ites of Status
Special Instructions to Filing Officer:	

Office Use Only



000366444090

06/01/21--01044--020 **30.00

201 Jan - 1 - 19112: 02

7/1/1/170

COVER LETTER

	gistration Sec ision of Corp			
011011070		ENTURES LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		JACK WHITTLE		
			Name of Person	
		ETRUCK VENTURES LL	.C	
			Firm/Company	
		26 CALUMET RD		
		-	Address	
		WESTPORT CT 06880		
			City/State and Zip Code	
		JACK.WHITTLE@YMAIL		
		E-mail address: (t	o be used for future annual report noul	ication)
For further in	aformation co	ncerning this matter, please ca	all:	
JACK WHI	TTLE		203 243-0619	
<u>.</u>	Name of	Person	at ()	: Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ETRUCK VENTURES LLC

(Name of the Limited Liability (A Florida	v Company as it now appears on our rec Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L20000167088</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, en	ter the name of the new regis
		-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	Iress 75
		Florida O
	City	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 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	MICHAEL FANTACONE	5197 Forest Edge Drive	= Add
		Syracuse, NY 13215	Remove
		 	☐ Change
MGR	PAMELA FRISCH	5 Wheeler Avenue, #5	≅ Add
		Fayetteville, NY 13066	□Remove
			Change
AMBR	JACK WHITTLE	26 Calumet Rd	□ Add
		Westport, CT 06880	□Remove
			≣Change
AMBR	PAT BOMBARD	6497 Parkland Drive, Suite F	
		Sarasota, FL 34243	□Remove
			■ Change
			□ Add
			□Remove
			Change
			\ \ \
			□Remove
			□Chanan

	A	manager	r-man	raged	limited	liability
	CO	mpand		J	·	• • • • • • • • • • • • • • • • • • • •
		7	,	********		
 -	_		 .		· · · · · · · · · · · · · · · · · · ·	
						
		-		·		
 -						-
			 ,			
			 -			
	•					
			 .		<u></u>	
ivote: If the date	inserted ir	an the date of filing date must be specific and this block does not n the Department of S	neet the applica	to date of filing of the statutory f	or more than 90 days after Tling requirements, th	ional) er filmg.) Pursuant to 605,0207 (is date will not be listed as th
ne record specifies a ord is filed.	a delayed o	effective date, but not	an effective tin	ne, at 12:01 a.	m. on the earlier of: (b) The 90th day after the
			2021			
Dated May 28				_ ·		
Dated May 28	I Au	the Open	JAND.	/ 		
Dated May 28	I Au	Signature of a n	CAMD number or author	rized representa	tive of a member	

Filing Fee: \$25.00