## LZ0000 172462

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: Lunsford	Leasing		
SUBJECT: Lambiera		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paul Lunsford		
		Name of Person	,
	Lunsford Leasing		
		Firm/Company	
	398 E. Dania Beach	BLVD #275	
		Address	
	Dania Beach, Florida	33004	
		City/State and Zip Code	
	tladjustingandtranspor		
		to be used for future annual report notif	tication)
For further information c	oncerning this matter, please c	all:	
Paul A. Lunsford		at ( 828 ) 234-687	2
Name o	f Person		e Telephone Number
Enclosed is a check for th	ie following amount:		
□ \$25.00 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 Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Corp	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lunsford Leasing Company LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on June 26 2020 Florida document number L20000172462	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
tladjustingandtransportllc	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a	bbreviation "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 nan	
agent and/or the new registered office address here:	ne of the new registere
	1
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	, x
, Florida	
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 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 = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Change

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fan effecti <u>Note:</u> If t	date, if other than the date of filing: 01/July/2021 (optional) we 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
record sp d is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	June 26 2021
Dated	· · · · · · · · · · · · · · · · · · ·
Pated	· · · · · · · · · · · · · · · · · · ·
Dated	

Filing Fee: \$25.00