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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT:	norman Name of Limite	Trucking Company	<u>, L.L.</u>	<u>C</u> .
The enclosed Articles of Ame	ndment and fee(s) are subm	itted for filing.		
Please return all corresponden	ce concerning this matter to	the following:		
_	Ubyne	A. Norma	n Tr	
-		Firm/Company		
-	5016	Tally ho A	ve_	
-	Joansa	City/State and Zip Code	37708	}
_	E-mail address: (to	be used for future annual re	port notification)	
For further information conce	rning this matter, please cal	l:		
Wayne A. Non Name of Pers	rman JR	at (<u>904</u>) Area Code	903 - 3 Daytime Telephor	790 ne Number
Enclosed is a check for the fo	llowing amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

	Of state
4	2020 01 -7 111 7: 08
A norman	Trucking L.L.C
(Name of the Limited Lia (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	Trucking L.L.C. Ability Company as it now appears on our records.) Try Company were filed on 6-24-2020 and assigned 25/
This amendment is submitted to amend the following	2:
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:	DORESS) SOCKSONVILLE FL 32208
Principal office address MUST BE A STREET AL	ODRESS) DOCKSONVILLE FL 32208
Enter new mailing address, if applicable:	Same
<u>Mailing address MAY BE A POST OFFICE BOX</u>	
B. If amending the registered agent and/or registagent and/or the new registered office address her	
Name of New Registered Agent:	Wayre A. Norman JR. 5014 Tallyho Ave, Enter Florida street address Joeksan velle Florida 32208 Zip Code
New Registered Office Address:	5014 Tallyho Are,
	Joekson ville Florida 32208
. —	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 = Man AMBR = Auti	ager horized Member		
Title	<u>Name</u>	Address 270 Co -7 AN 7: 37	Type of Action
MGR WO	lyne A. Norman IR	5016 Tallyho Are	_ MAdd
		5016 Tallyho Ave Doeksonville, FC 32208	□Remove
			□Change
MGR	Deborah Norman	9462 Devonshire Blud Jacksonville, FC 32208	□Add
		Jausanville, FC 32208	□Remove
			□Change
			□Add
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fective date, if other to the effective date is listed, the ote: If the date inserted cument's effective date	e date must be specific a in this block does not	ind cannot be pri- t meet the appl	or to date of filing c icable statutory f	r more than 90 days a lling requirements.	fter filing	,) Pursuant to 605.0
ecord specifies a delayed is filed.	d effective date, but n	ot an effective	time, at 12:01 a.	m, on the earlier of	:(b) T∏	he 90th day after
ned 9/25/2	2020	<u> </u>				
	/ /					

Filing Fee: \$25.00