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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO:	Registration Se Division of Cor		٠	\$ ->		
SUBJE		TRUCKING LLC				
		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		IAN C KEBBEL				
			Name of Person	<del></del>		
			Firm/Company			
		6310 5TH AVE S				
			Address	<del></del>		
ST PETERSBURG FL 33707						
		IAN.KEBBEL@YAHOO.C	City/State and Zip Code 'OM	_		
For fur	ther information a	E-mail address: ( oncerning this matter, please or	to be used for future annual report notified.	tication)		
	KEBBEL	oncerning this matter, prease co	772 5387516			
	Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclos	ed is a check for th	he following amount:				
<b>■</b> \$2	5.00 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

ROOSTER TRUCKING 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 JULY 6TH 2020	and a gened
Florida document number L20000189933		·· <del>·</del>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he 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 agent and/or the new registered office address here:	nddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
·	Florid	a

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.

City

Zip Code

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
AMBR	JULIE KEBBEL	6310 5TH AVE S ST PETERSBURG FL 33707	□Add
			Remove
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Filing Fee: \$25.00