L20 000201434

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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: BOZEMAN True Name of Limited 1	cking LLC
Name of Limited I	liability Coupany
The enclosed Articles of Amendment and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to th	e following:
Jessica_	Hudsen Name of Person
Bozeman	Trucking LLC Firm/Company
1415 Nu) 200 tem
Miami, f	TU 33149 Ty/State and Zip Code
	0344 @gmowl. Com used for future abdual report notification)
	used for folder install report fortiers to you
For further information concerning this matter, please call:	
JESSICA HUCSON Name of Person	at (321) 430 · 8887 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ Certificate of Status	3 \$55,00 Filing Fee & □ \$60,00 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	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Bozeman Trick		
(Name of the Limited Liability C (A Florida Lir	ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L20000201434</u> .	pany were filed on $\frac{07/3/3020}{}$	and assigned
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 al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
THE BOX		
	fice address on our records, enter the nam	e of the new register
3. If amending the registered agent and/or registered off	fice address on our records, enter the nam	e of the new register
3. If amending the registered agent and/or registered off	fice address on our records, <u>enter the nam</u>	. :
B. If amending the registered agent and/or registered off gent and/or the new registered office address here:		. :
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, enter the nam Enter Florida street address Florida	. :

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Justin Bozeman	1415 NW 2010 terr	□ Add
		Miami, FL 33109	CKemove
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lf an ellectiv <u>Note:</u> If th	ate, if other than the date date is listed, the date must be date inserted in this block effective date on the Department	specific and can does not meet	the applicable st	of filing or more than	(optional) 90 days after filing rements, this date) Pursuant to 605 0207.
record spord is filed.	cifics a delayed effective d	ite, but not an c	effective time, at	12:01 a.m. on the c	arlier of: (b) Th	e 90th day after the
Dated	July 20	1 =	2021			
-		fature of a memi	ber or authorized re	epresentative of a me	nber	
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