LZO 000 202530

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COVER LETTER

TO: Registration Division of	n Section Corporations	, .		
Two Co	pastcarriers, LLC		•	
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	Andrew J. Decker, III			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	Andrew J. Decker. III PLI	.C		
		Firm/Company		2
	320 White Avenue			7628 101-31
		Address		<u>ج</u> ن
	Live Oak, Florida 32064			<u></u>
	andy.ajdiiiptle@gmail.com			명 3: 10
Dan Grather in Comments		to be used for future annual report not	ification)	
	on concerning this matter, please c			
Andrew J. Decker, II		386 364-4440 at ()		
Nan	ne of Person	Area Code Daytin	ie Telephone Number	
Enclosed is a check for	or the following amount:			
≘ \$25.00 Filing Fee	© □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
	on Section f Corporations	Street Address: Registration Se Division of Co	rporations	
P.O. Box 6	5327	The Centre of	l'allahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Two Coastcarriers, 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 14, 2020 and assigned Florida document number L20000202530 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Two Coast Carriers, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," No change Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) No change 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 name of the new registered agent and/or the new registered office address here: No change Name of New Registered Agent: No change New Registered Office Address: Enter Florida street address

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

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>	<u>Address</u>	Type of Action
	No Change		🗆 Add
			□Remove
			□ Change
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Not Applicable.		
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Effective date, if other than t If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	block does not meet the applicable state	(optional) Tiling or more than 90 days after filing.) Pursuant to 605.0207 (autory filing requirements, this date will not be listed as it
ne record specifies a delayed effectord is filed.	tive date, but not an effective time, at 17	2:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2020	resentative of a member
Con	NC (
	ul) leckun	

Filing Fee: \$25.00

Typed or printed name of signee