

L20000211 1267

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(Business Entity Name)

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2020 JUL 31 PM 4:16

CLERK OF DISTRICT COURT  
JUL 31 2020

SEP 20 2020

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sam Buckner Trucking LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cashunda R. Buckner  
Name of Person

Sam Buckner Trucking LLC  
Firm Company

190 Hoglen Drive  
Address

Covington GA 30016  
City, State and Zip Code

Sambucknertrucking@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Cashunda Buckner  
Name of Person

at 678-512-9212  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

Sam Buckner Trucking LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2020 JUL 31 PM 4:16  
CLERK OF THE COURT  
JUL 31 2020  
CLERK OF THE COURT

The Articles of Organization for this Limited Liability Company were filed on 07/20/2020 and assigned  
Florida document number L2000021147

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 abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

750 West 9th Street  
Sanford, FL 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

190 Hoglen Drive  
Covington GA 30016

**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:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address:

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Owner	Cashunda Buckner	190 Hoglen Dr	<input checked="" type="checkbox"/> Add
		Covington GA 30016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Samuel Buckner Jr.	190 Hoglen Dr	<input type="checkbox"/> Add
		Covington GA 30016	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	Deja Hunt	2504 Summit Creek Dr	<input type="checkbox"/> Add
		Stone Mountain GA	<input checked="" type="checkbox"/> Remove
		30083	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 28, 2020.

Cashinola Buckner

Typed or printed name of signee