

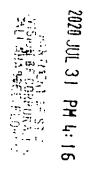
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COVER LETTER

10: Registration Section Division of Corporations

Sam Buckner Trucking LLC

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following

Cashunda R. Buckner

Sam Buckner Trucking LLC

190 Hoglen Drive

Covington GA 30016

1 mail address to be used for nature annual report notification

For further information concerning this matter, please call

Cashunda Buckner

at 1 678 · 512 - 9212 Nea Code Daytime Teacphone Number

Enclosed is a check for the following amount

√525 00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

2 \$55.00 Filing Lee & Certified Copy radditional copy is enclosed). S60 00 Filing Fee, Certificate of Status & Certified Copy additional copy is one ased

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Fallahassee, 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



Name of the Limited Liability Company as it now appears on our records.)

(A Florida Linuted Liability Company)

(Tribital Dillion,) Company)	
The Articles of Organization for this Limited Liability Company were filed on _07/20/2020 and assigne Florida document number _20000211147	đ
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. It imited I tability Company," the designation "I I C" or the abbreviation "I I C."	
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS) 1 950 West 9th Street Sonford, FL 32771 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 190 HOG ID INLE COVINGIN GA 30016 B. If amending the resistered agent and/or registered office address on our records, enter the name of the new res	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regagent and or the new registered office address here:	<u>istered</u>
Name of New Registered Agent.	
New Registered Office Address I me Honda street address	
. Florida	
Cdi /gr Codi	

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 turther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am tamiliar 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 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>	Name		Address	Type of Action
Owner	Cashunda	Buckne	190 Hoglen Dr	
			Covingtin GA 300	G □ Remove
				Change
MG12	Samuel	Buckner	190 Hogken Dr	🗆 Add
		Jr.	190 Hogken Dr Covington GA 30011	✓_ □Remove
				Change
AP	Deja H	runt	2504 Summit Cree	K BADO
	<i>J</i>		Stone Mountain GA	Remove
			30083	Change
				🗆 Add
				□Remove
				□Change
				🗆 Add
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				[]("hana-

D. If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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F Effective data if	other than the date of filing: (optional)
(If an effective date is I <u>Note:</u> If the date in	other than the date of filing:
If the record specifies a record is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JUI	y 28 . 2020.
	Signature of a member or authorized representative of a member
	Cashinda Bucker
	Typed or printed name of signee

. . . .