L20000241108

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COVER LETTER

	vision of Corporations					
~		ers Trucking LLC				
SUBJECT:	Name of Limited Linbility Company					
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please retur	m all correspon	ndence concerning this matter t	to the following:			
		Robert Lee Sellers				
			Name of Person			
			Firm/Company			
		2104 Whitner Street				
			Address			
		Jacksonville, Florida 3220	9			
		rleesellers3@gmail.com	City/State and Zip Code			
			to be used for future annual report notification)			
		oncerning this matter, please c	all: 904 708-8755			
Robert Le		f Person	Area Code Daytime Telephone Number			
Enclosed i	s a check for t	he following amount:				
) Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
R D P	failing Address Registration Division of C 2.0. Box 632 Callahassee,	Section Corporations 27	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

Robert Seller Trucking LLC				
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)			
		and assigned		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned		
Florida document number L20000241108				
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	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
	Robert Sellers Trucking LLC			
Enter new principal offices address, if applicable:	2104 Whitner Street			
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FI 32209			
	740000000000000000000000000000000000000			
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:	address on our records, enter the	name of the new registered		
Name of New Registered Agent:		<u>超</u> <u> </u>		
New Registered Office Address:	·			
TOTAL	Enter Florida street address	> 65 <u>1</u>		
	, Floric	12 4 5		
-	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	<u>!</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change	r performance of my duties, and r provided for in Chapter 605, F.S	ops famil um with and . Or, if this document is		

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

Title	Name	Address	Type of Action
MGR	Robert Lee Sellers		
		Jacksonville, Fl 32209	□Remove
			☐ Change
			□Add
			□Remove
			□ Change
-			□Add
			□Remove
			□Remove
			Change
			Remove
			Change
			□Add
			□ Remove
			Change

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Iffective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b locument's effective date on the D	Mock moes not meet the abo	HICKOIC STATEROLA HILLIA	(optional) to then 90 days after filing requirements, this date	.) Pursuant to 605.02 will not be listed a
record specifies a delayed effection is filed.	ve date, but not an effectiv	e time, at 12:01 a.m. o.	n the earlier of: (b) Th	ne 90th day after th
AUGUST 24	2020			
Policit	Signature of a member or a	uthorized representative) a member	<u> </u>

Filing Fee: \$25.00