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COVER LETTER

TO: Registration Sec Division of Corp			·
SUBJECT: DE	EIPHINS Name of Lim	TRUCKING ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	CARL-HE. DEPHIN	NRY E DE Name of Person 15 & RI CHAR Firm/Company	SPHIN ED TRUCKING LLL
	4699N	ISR7, STE	I
	TAMARA Garlhenry E-mail address: (City/State and Zip Code City/State and Zip Code Code	S 19 Com
For further information co	oncerning this matter, please ca	all:	
Carl-Her		11 at (561) 755 Area Code Daytime	c Telephone Number
Enclosed is a check for th	e following amount:		
⊠ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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 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

iability Company as it now appears on our records. lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _08/19/2020 Florida document number L20000255 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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>	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
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Effectiv	e date, if other than the date of filing: (optional)
it an effec Note: 16	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	it's effective date on the Department of State's records.
e recora rd is fileo	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
tu is med	i.
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Dated _	<u>01/25</u> , <u>2024</u> .
Dated _	$\frac{0}{1}\frac{1}{2}$
Dated _	Orjas, avag.
Dated _	Signature of a member or authorized representative of a member
Dated _	Official and the second

Filing Fee: \$25.00