L20000257647

(Requestor's	Name)				
(Address)					
(Address)	200.				
(City/State/Z	ip/Phone #)				
PICK-UP V	VAIT MAIL				
(Business E	ntity Name)				
(Document Number)					
Certified Copies Ce	rtificates of Status				
Special Instructions to Filing Officer:					
Mbrsign					
9	Use Only				



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October 22, 2020

LAQUAN BROWN 1900 DIVISION AVE WEST PALM BCH, FL 33407

SUBJECT: BIG BROWN TRUCKING LLC

Ref. Number: L20000257647

We have received your document for BIG BROWN TRUCKING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 120A00021021

RECEIVED
OCT 2 9 2020

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COVER LETTER

Tallahassee, FL 32314

то:	TO: Registration Section Division of Corporations					
		RV	ROWNTHA	E TRUCKING LL		
SUBJE	:CT:	<u> </u>	Name of Limi	ted Liability Company		
The en	closed Art	teles of An	nendment and fee(s) are subi	nitted for filing.		
Please	return all o	correspond	ence concerning this matter t	to the following:		
			LAQUAN	Beoww Name of Person		
				Name of Person		
			BIG BROW	EITH/Company	<u></u>	
			1910 Dung	Common Acade		
			1900 DIVIS	Address		
				Addices		
			WEST PALM	BEKH, FL. 334	107	
			1 4 1	BRACH, FL. 334 City/State and Zip Code to 1. COM	<u> </u>	
		·	E-mail address: (t	o be used for future annual report notifi	ication)	
For fur	her inforn	nation cond	cerning this matter, please ca	II:		
2	14Q	an Bo	lewil	at (<u>541</u>) 541-	7935	
		Name of Po	erson	· - · · · · · · · · · · · · · · · · · ·	Telephone Number	
Enclose	ed is a che	ck for the f	following amount:			
SZ \$25	5.00 Filing	, Fee	S30.00 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)	
		Address: ation Sec	rtion	Street Address: Registration Sec	tion	
	_		porations	Division of Corp		
		ox 6327	•	The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- 196 - 12 F., 4: 33

(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 ______ and assigned Florida document number ______. 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 _____ 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 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 1300 12 124:	38 Type of Action
MGR	LaQuan Brown	1900 Division Ave	= Add
		West Palm Beach, Florida 33407	
			□Change
			□Add
			□Remove
			□Change
			□Add
		****	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
·			🗆 Add
			Remove
			🗀 Change
· _			
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JU. 9 81 4:03 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. If the record 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 record is filed.

Typed or printed name of signee

Signature of a member or authorized representative of a member