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## **COVER LETTER**

Division of Cor			
	Phili	ppe Trucking LLC •	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Claudy Jean Philippe	
		Name of Person	
		Firm/Company	
	7	08 W. Chatelaine Blvd.	
		Address	
	n	Delray Beach, FL 33445	
		City/State and Zip Code	
	E-mail address: (t	claudyjp@yahoo.com to be used for future annual report no	(ification)
For further information c	oncerning this matter, please ca	all:	
Claudy .	Jean Philippe	561 808-9520	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	he 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 Addres	s <u>s:</u>	Street Address:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Philippe Tr	ucking LLC	
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) ad Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on August 27, 2020	and assigned
lorida document number L20000267368		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Claudy Auto Repair LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		
		:
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3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, enter the in	ame of the new registe
gent and/or the new registered office address here.		
Name of New Registered Agent:		
N - De Grand (200 - Addisse)		
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 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
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			□Remove
			□Add
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<u>ote:</u> If th	date, if other the redate is listed, the the date inserted in s effective date o	this block does i	not meet the	applicable sta	of filing or more atutory filing re	(opt than 90 days afte equirements, th	ional) er filing.) Pursuant ( iis date will not b	to 605,0207 e listed as t
record sp is filed.	ecifies a delayed	effective date, bu	t not an effec	tive time, at	12:01 a.m. on (	he earlier of: (	b) The 90th day	after the
ated	April	7	<u>20</u>	1 <u>21</u>				
		Signature	of a megalicy	authorized r	epresentative of	a member		_
		اه		_		PPC		

Filing Fee: \$25.00