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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	)
<u>)</u>	Document Number)	
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## COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:	Steph Name of Limi	ens Trucking & Freight Lited Liability Company
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:
	In	an Stephens Name of Person
	Staph	ers Trucking & Freight LL
	1938 (	edia lake Drive
		City/State and Zip Code
	E-mail address: (t	to be used for future annual report notification)
For further information co	oncerning this matter, please ca	all:
T RAM Name of	Stephens	at (305) 50(0-5309 Area Code Daytime Telephone Number
Enclosed is a check for the	c following amount:	
10/\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	_	Street Address: Registration Section
Division of Co		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stephens	Trucking of Freight LLC
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number \( \sum_{2000281} \)	
This amendment is submitted to amend the following:	30
· ·	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2020
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
N. CN. D. L. M.	A
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	City 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

<u>Title</u>	Name	Address	Type of Action
MGR	Quanisha Newton	1938 Cedar lake D Orlando, FL 32821	<u>c.</u> Œ∕∧dd
	Newton	Orlando, FL 32821	<u> </u>
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fective date, if other than the date of effective date is listed, the date must be sete:  If the date inserted in this block of effective date on the Department's effective date on the Department.	specific and cannot be prior to date of filing or more than 90 days after filing.) Pur does not meet the applicable statutory filing requirements, this date will	suant to 60 not be lis	_ 05.020 sted as
is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day aft	er the
ated November	ature of a member or authorized representative of a member		
	ZI		

Filing Fee: \$25.00