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COVER LETTER

Division of Corpo			
SUBJECT: Ke	OP ON Truch Name of Limit	ed Liability Company	<u>-</u>
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Perr	Name of Person	
		Firm/Company	<u> </u>
	5504 Be	ar claw ct.	
	E-mail address: (to	City/State and Zip Code City/State and Zip Code Standard Sport notific be used for future annual export notific	ail. com
For further information cor	ncerning this matter, please cal	n:	
Perno Name of F	T8dd Person	at (904) 415- Area Code Daytime 1	- 444 9
Enclosed is a check for the	following amount:		
S≥ \$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 Se Division of Co	ection	<u>Street Address:</u> Registration Sect Division of Corpo	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keepuntn	9411	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar	ny were filed on $9 - 14$	-2026 and assigned
Florida document number <u>LA 00002 8 5 5 5 4</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Easy Truckin The new name must be distinguishable and contain the words "Limited Lia	LLC	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7929 OCT
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		A-1
		= 7
B. If amending the registered agent and/or registered office	e 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	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>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
		□Remove	
		.	Change
			□Add
			□Remove
			□Change
	·		□Add
			□Remove
			□Change

	<u> </u>
Note:	tive date, if other than the date of filing:
he reco ord is fi	rd 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 led.
Dated	October 1 . 2020.
	,
	Pertodi

Filing Fee: \$25.00