(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	, i
SUBJECT: Major & POCKY Name of Limit	Trucking Service .
The enclosed Articles of Amendment and fee(s) are submittee return all correspondence concerning this matter to	
<u>Cleff</u> s	Name of Person
Major & Ro	ocky Trucking Service
9862 Bosqu	Le Creck Circle #102
	FI 33619 City/State and Zip Code EUT @ 9Mail.COM o be used for future annual report notification)
For further information concerning this matter, please ca	II:
Cleff St Fleur Name of Person	at (941) 565-8473 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$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)
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

FILED

Major & par	Ku Tak	kina Sevi	100 2020 NOY	19 PM 4:53
Major & Roc (Name of the Limite)	d Liability Compan A Florida Limited Li	y as it now appears on ability Company)	our records CRE TALLA	TRY OF STATE
The Articles of Organization for this Limited Lie Florida document number 20003	ability Company v	vere filed on	125/202	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	ity company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabili	y Company," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica			 	
(Principal office address MUST BE A STREE)	<u>r address)</u>		· · · · ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our recor	ds, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:	cleff	StFlew		
New Registered Office Address:	9862	St Flew Bosque Cr. Enter Florida s	uk cir	Apt 102
	Tampa		, Florida	27/19
	-	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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Cleff St Fleur	9862 Bosque Creek Circ	#102 Le_ 15/10dd
		Tampa, Fl 33619	
			□Change
MGR	Jason Allen	8414 Del Rey CT #	
		Tampa, Fl 33617	ERemove
			□Change
			□Add
			□Remove
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			□Add
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ı effective	ate, if othe date is listed date insert	, the date n	nust be spec	ific and ca	innot be p	rior to date	of filing or atutory fil	more than	90 days afi	tional) ter filing.) his date v	Pursuant to e	605.020 listed :
cument's	effective da	ate on the	Departme	nt of Sta	te's reco	rds.	,	5 - 7-11				
cord spe s filed.	cifies a dela	iyed effec	tive date, t	out not ar	ı effectiv	e time, at	12:01 a.n	e. on the o	earlier of:	(b) The	90th day a	fter th
ted	11/19	1/20	120			·						
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			Signatu	'	\bowtie						•	