

L20000303820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

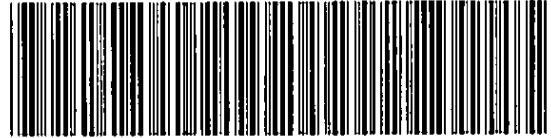
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

will wait

Office Use Only



700357913117

01/13/21--01002--011 4:32 PM

01/13/21
JAN 13 2021

CLERK
FALL

CLERK
ORIDA

REC'D
2020 JAN 12 PM 4:32

2021 JAN 12 PM 4:21

Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Major & Rocky Trucking Service LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cliff St Fleur

Name of Person

Firm/Company

9622 US Highway 301

Address

Nade City, FL 33525

City/State and Zip Code

cliffstfleur@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cliff 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 &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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**

Major & Rocky Trucking Service LLC

(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 9/25/2020 and assigned
Florida document number L2000 303 820.

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)

9622 US Highway 301
Dade City, FL 33525

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9622 US Highway 301
Dade City, FL 33525

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:

Cliff St Fleur

New Registered Office Address:

9622 US Highway 301

Enter Florida street address

Dade City

City

Florida 33525

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.

C - AFD

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cliff St Fleur	9622 US Highway 301	<input checked="" type="checkbox"/> Add
		Day City, FL 33525	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cliff St Fleur	9862 Bosque Creek Cir	<input type="checkbox"/> Add
		Tampa, FL 33619 Apt 102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Cliff St Fleur	9862 Bosque Creek Cir	<input type="checkbox"/> Add
		Tampa, FL 33619 Apt 102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated

1/12/2021

C- A47-1

Signature of a member or authorized representative of a member

Cleft St Fleur

Typed or printed name of signee