## 120000307769

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Ship (2)  Special Instructions to Filing Officer:	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  3/16/2/	(Address)
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status 3/16/2/	(Address)
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status 3/16/2/	(City/State/Zip/Phone #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	<u>_</u>
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Certified Copies Certificates of Status	(Business Entity Name)
3/16/21	(Document Number)
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Special Instructions to Filing Officer:	3/16/21
	Special Instructions to Filing Officer:



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February 25, 2021

NIMROD HEMO 3389 SHERIDAN STREET SUITE 185 HOLLYWOOD, FL 33021

SUBJECT: EARTH STONE TRUCKING LLC

Ref. Number: L20000307769

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

OWNER IS NOT AN ACCEPTABLE TITLE. PLEASE USE MANAGER OR AUTHORIZED MEMBER AS SHOWN ON THE FORM. PLEASE RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00004160

Susan Tallent Regulatory Specialist II

2021 HAR 16 PM 5: 27

## **COVER LETTER**

1. 1

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	porations	<i>.</i> .			
EARTH ST	ONE TRUCKING LLC		•		
SUBJECT:		· ·			
·	Name of Lim	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:			
	NIMROD HEMO				
		Name of Person			
	EARTH STONE TRUCKI	NG LLC			
		Firm/Company			
	3389 SHERIDAN STREE	3389 SHERIDAN STREET,SUITE 185			
		Address	<del></del>		
	HOLLYWOOD, FL 33021				
	NMH.TRANSPORT@GM.	City/State and Zip Code AIL.COM	<del></del>		
	E-mail address: (	to be used for future annual report not	ification)		
For further information c	oncerning this matter, please ca	all:			
NIMROD HEMO		754 2733376			
Name o	f Person	at ()	ne Telephone Number		
Enclosed is a check for the	ne 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 Registration S		Street Address: Registration Se	ection		
Division of C		Division of Co			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(	d Liability Compa A Florida Limited I	iny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Lia orida document number L20000307769	ability Company	were filed on	and assigned
is amendment is submitted to amend the follo	wing:		201 MAR 16
If amending name, enter the new name of	the limited liab	ility company here:	3 1 6 P
e new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC" or the abb	
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)		3389 SHERIDAN STREET, SUITE 185	0:36
		HOLLYWOOD, FL 33021	
		HOLLYWOOD, FL 33021	
ent and/or the new registered office address	egistered office a s here: NIMROD HEM		of the new regi
If amending the registered agent and/or reent and/or the new registered office address  Name of New Registered Agent:	s here: NIMROD HEN	мо	of the new regis
ent and/or the new registered office address	s here: NIMROD HEN	MO AN STREET, SUITE 185	of the new regi
	s here: NIMROD HEN	AN STREET, SUITE 185  Enter Florida street address	

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
OWNER	NIMROD HEMO	3389 SHERIDAN STREET, SUITE 185, HOLLYWOOD, FL 33021	■Add
			8700
			Remove
2			□Change
OWNER	HERNAN MENAJED	1040 FOXTRAIL AVENUE, MINNEOLA, FL 34715	□Add
			■Remove
		<del></del>	□Change
MGR	Nimrod Hemu	3389 Sheridan St #1	Add PAdd
		Hollywood F1 33021	□Remove
			□Change
UGR	Hernan menajed	1040 Foxtrail AUE,	□Add
	· ·	Minneola 6/ 34715	<b>@</b> Remove
			Change
			□Add
			□Remove
			□Change
<del></del>			🗆 Add
			□Remove
			□Change

F.664: J	01/10/2021 ate, if other than the date of filing:
If an effective Note: If the	ate, if other than the date of filing:
e record spe rd is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	JAN 10 2021
	At the second of
-	Signature of a member authorized representative of a member