# L200003Z1145

(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:

Office Use Only



000354371360

11/02/20--01020--026 \*\*25.00 -

FILED 2020 NOV -2 AM 11: 35

12/10/20

## **COVER LETTER**

TO:	Registration Sec Division of Corp		· .	_
SUBJE	ст: <u>Pierre</u>	Trucking Trunsity Name of Lim	TUTO LLC ited Liability Company	<u>.</u>
The end	losed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please i	eturn all correspon	dence concerning this matter	to the following:	
		Pierre Philippe	e Thats  Name of Person	<u> </u>
		Pierre Trucking	Trunspatution LLC Film/Company	
		1525 NE 139	7th ST Address	
		North Miumill	F1. 33161 City/State and Zip Code	
		Dierretheus E-mail address: (	986 (MU).Com	notification)
For furt	her information cor	ncerning this matter, please ca	all:	
Pie	rre Philipp Name of 1	Person	at ( <u>3</u> \5) <u>917</u> Area Code Da	-363   rtime Telephone Number
Enclose	d is a check for the	following amount:		
□ <b>√\$</b> 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

tierre trucking	1 ransportation	on LLC		<del>_</del>
(Name of the Limit	ed Liability Compa: (A Florida Limited L	ny as it now appears on liability Company)	our records.)	
The Articles of Organization for this Limited Li Florida document number  L200321145  This amendment is submitted to amend the following the content of the	Tru	were filed on <u>10</u> (King No. 50	<u> 9 2020</u> 0353513	and assigned
A. If amending name, enter the new name of	the limited liabi	lity company here:		7070
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the design	ation "LLC" or the a	ibbreviation "L.I.C."
Enter new principal offices address, if applica	able:			m d
( <u>Principal office address MUST BE A STREE</u>	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A	8 <i>0X</i> )	<del>,</del>		
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our recor	ds, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Pierre 7	hilippe Theus		<del></del>
New Registered Office Address:	1525 N	Enter Florida s	treet address	
	North N	AIGMI City	, Florida _	33 6  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 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>	Address	Type of Action
CED_	Pierre Philipe Theus.	1525 NE 137th Street	
		North Miumi, Fl. 33161	□ Remove
	•		□Change
		· .	□Add
			□Remove
			Remove  Ottonge  ORAdd  Remove
		<del> </del>	— □Add ₹
		<u> </u>	□Remove ℃
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□ Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	The registered agent name med to State
ίι	The registered agent name med to state CEO" Pierre Philippe Theus which is the registered
•	Don't what to many a busy was a lie a compatible
l	Sout what to open a prisuess account the representative
_	stated was the "authorismon representation it states "now"
<u>,</u>	Which it should state Pierre" name.
-	
-	
-	
_	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
-	
-	
-	<u> </u>
	·
-	
-	
_	
ffect	ive date, if other than the date of filing: 10-9-2020 (optional)
ian en Vote:	fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recor	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.
ated	<u> 10-23-2020</u>
	CALL TO THE REAL PROPERTY OF THE PROPERTY OF T
	Signature of a member or authorized representative of a member
	Dierre Philippe. Thous
	Typed or printed name of signee