# h20 000 328338

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## **COVER LETTER**

Division of Corpo	rations		
subject: <u>DAB</u>	FAMILY Name of Limit	TRUCKTNO	J LLC
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Duayne B	Name of Person	
	13375 Arbor	Firm/Company Pointe Circle Address	Apartment 203
	Tampa, FL Browndway E-mail address: (19	City/State and Zip Code  De used for future annual report no	Con infication)
For further information cond	cerning this matter, please cal		
Dwayne Name of Po	Brown		8776 ne Telephone Number
Enclosed is a check for the f	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)

TO:

**Registration Section** 

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

Name of the Limited Liability Company as it now appears on our records

The Articles of Organization for this Limited Liability Company were filed on 10/16/2020 Florida document number 12000 328338 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 "LLC." 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) 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: New Registered Office Address: Enter Florida street address

### 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.

Ciiv

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

<b>Title</b>	Name	Address	Type of Action
			□Add
		<del></del>	□Remove
			□Change
		<del></del>	□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			□ Add
			□Remove
			□Change
		-	□Add
			□Remove
			□ Change

). It ai	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
(If an c	etive date, if other than the date of filing:
he reco	ord 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 filed.
Date	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Dwayne Brown Typed or printed name of signee