## L20000332531

(Req	juestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	ilina Officer:	
		j
		}
		]
		Ì
L		

Office Use Only



900354601219

11/09/20--01031--007 \*\*30.00

2020 NOY -9 AH 10: 3

[[]]

## COVER LETTER

TO: Registration So Division of Cor			
Hauling As	ssets 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:	
	Kendal Lucas		
		Name of Person	
		Firn/Company	
	2755 Avocado Dr		
		Address	
	Clearwater, FL 33759		
	Kendal@lucasproductionsu E-mail address: (	City/State and Zip Code sa.com to be used for future annual report no	nification)
For further information of	oncerning this matter, please c	all:	
Kendal Lucas		727 532-2122	
Name e	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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		Street Address:	action
Registration : Division of C		Registration S Division of Co	
P.O. Box 632	-	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on October 20, 2020	and assigned
Florida document number 1.20000332531		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Lucas Hauling LLC		
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		**:
		<del>- 6</del>
		<b>≥</b>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		့ ယ်
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the n</u>	name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 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 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
			□Add
			□Remove
		<del>-</del>	Change
			□Add
			□ Remove
			· · ·
			Add -, G
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	Change
			□Add
			□Remove
			□ Change

<del></del>		<del></del>	
		<del></del>	<del></del>
		<del></del>	
	<del></del>		
			702
			7029 (3)
			); 1 ,
<del></del> _	-	· · ·	
			<u>=====================================</u>
			 ÷
			N
		<u></u>	
	· · · · · · · · · · · · · · · · · · ·		<del></del>
ective date, if other than th	ne date of filing:	(0	optional)
effective date is listed, the date m	ust be specific and cannot be prior to block does not meet the applicab	date of filing or more than 90 days	after filing.) Pursuant to 605.020
	Department of State's records.	ic statutory ming requirements	. tins date will not be fisted a
	ive date, but not an effective time	e, at 12:01 a.m. on the earlier o	f; (b) The 90th day after the
s filed.			
ed NOVEMBER	5 2020		
10 // 100	5 2020	•	
	/////		

Typed or printed name of signee