L20000391981

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor		f	
etto iez		IVE/TRAILER SOLUTIONS		
SUBJEC	oli	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mutted for filing.	
Please re	eturn all correspo	endence concerning this matter	to the following:	
		Robert Godbold		
			Name of Person	
		INNOVATIVE TRAILER	SOLUTIONS LLC	
			Firm/Company	
		10201 SW 73RD CT		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Ocala, FL 34476		
			City/State and Zip Code	
		robertgdbld@aol.com		
For furth	ner information c	E-mail address: (oncerning this matter, please c	to be used for future annual report note all:	fication)
Robert (Godbold		352 572-0720	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for th	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 Registration 5		Street Address: Registration Se	ction
Division of Corporations			Division of Cor	porations
	P.O. Box 632	27	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVATIVE TRAILER SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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
AMBR	George R Sherrets Jr	5907 SW 108th St	□Add
		Ocala, FL 34476	■Remove
			□Change
			□ Add
			Remove
			☐ Change
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ective date, if other effective date is listed,	the date must be spe	cific and cannot be	e prior to date of	filing or more tha	in 90 days after f	itar) ĭling.) Pu	suant to	605.02
te: If the date inserte ument's effective da	ea in this block do	es not meet the a	applicable statu	tory filing requ	irements, this	date will	not be	listed
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	Signatu	e of a member of	r authorized repr	esentative of a m	ember			

Filing Fee: \$25.00