L21000003444

(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



500358691435

02/09/21--01002--009 **25.00



FEB 0 8 2021

FEB 0 8 2021 I ALBRITTON



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ISGAC Fountain Trucking LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Isaac Fountain Name of Person
Isaac Fountain Trucking LLC
455 SIASH Circle Address
Midway Fla. 323/3 City/State and Zip Code Flain 259 amail 1000 E-mail address: (to be used for future annual report notification)
urther information concerning this matter, please call:
Name of Person at (35) 20 U- 7700 Area Code Daytime Telephone Number
ed is a check for the following amount:
.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$\text{Certified Copy} & \text{Certificate of Status \& Certified Copy} & \text{Certified Copy} & Certified

lailing Address:
egistration Section
ivision of Corporations O. Box 6327 llahassee, 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

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." nter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX) __ amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

stered Agent's Signature, if changing Registered Agent:

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

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
MGR	Israc Fountain	455 Slash Circle	ĪJAdd
		455 Slash Circle Midway, Florida 32	SY3 _{ORemove}
		3	□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
-			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change

	
·	
	
	
	
ective date	e, if other than the date of filing: (optional)
effective dat	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	fective date on the Department of State's records.
rd specifi Hed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
*	DEWAR-1 8 2021
Fel	
Fer	Dana.
Fel _	Signature of a member or authorized representative of a member