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A. RIVERS
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COVER LETTER

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TO: Registratio Division of	n Section Corporations		
subject: <u>F</u>	LORIDA WATE Name of Lim	R TRUCKING ited Liability Company	1 LhC
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Demetri	15 A. White	<u> </u>
	FLORIDAN	JATER TRUCK	ING LLC
	2301 Arm	owrout Ave	
	Middleburg Flawater	FL 32068 Teity/State and Zip Code 1976@ao/. Com to be used for future annual report no	titication)
For further information	on concerning this matter, please ca		
Demetr	TIUS A. White	at (<u>GOU</u>) <u>SO3</u> Area Code Daytin	ne Telephone Number
Enclosed is a check f	or the following amount:		
□ \$25.00 Filing Fed	\$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)
<u>Mailing</u> Ado	dress:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 Dec. 28, 2020 and assigned Florida document number <u>12100005386</u> 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 , Florida __ City

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 decument 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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	e date inserted in effective date on				tory filing requ	irements, this c	late will not be li	isted as
record spe is filed.	ecifies a delayed e	:ffective date, bu	t not an effect	tive time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day at	fter the
ated	Demot		20	21				
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_	- WELLING	NCCC-TT- 1 Signature	of a member of	r authorized renr	esentative of a m	ember		

Filing Fee: \$25.00