## L21000011618

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer





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LCC AMM. 04/6/20

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
Felicia Kina Name of Person
T. I. D. C. Trucking LLC Firm/Company
9694 Price Park Dr
Sacksonville Fla 32257
City/State and Zip Code  -elicic C + 5
For further information concerning this matter, please call:
Telicity Ling at (ADV) 608-6561  Name of Person - Jarca Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

1. 1. D. C. 1.	RUCKING LLC.
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100011618</u> .	were filed on $1 - 4 - 21$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	102
Enter new mailing address, if applicable: ( <u>Muiling address MAY BE A POST OFFICE BOX)</u>	-b TT D 2: Iu
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
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 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 Type of Action **Address** Title Name MGR Feliciaking \_\_\_\_\_ 🗆 Remove \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ □∧dd \_\_\_\_\_ Change \_\_\_\_\_ □Change \_\_\_\_\_ □ Add □Remove \_\_\_\_\_ □ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Please add my FINF 86-1483715 and
	myself as the mar
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	<u> </u>
	÷
	<del></del>
(If an el Note:	tive date, if other than the date of filing:  [Coptional]  [Coptional]
he reco	rd 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.
Dated	4/le/21
	Elin M
	Signature of a member or authorized representative of a member
	Felicia King
	Typed or printed name of signee