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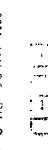
(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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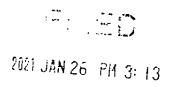
121/21

Amendment due to agent exist COVER LETTER

	Division of Cor		Α		
SUBJEC	т:	1 Metanoic Name of Lin	A Trucking nited Liability Company	110	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	um all correspo	endence concerning this matter	to the following:		
		Ciara No	Name of Person		-
			Firm/Company		-
		8541 Cheri	ry Hill dr. Address		-
		Lakeland,	FI 33810 City/State and Zip Code		-
		Ciarajnor	to be used for future annual report notif	fication)	
For furthe	r information c	oncerning this matter, please c	all:		
Car	Q NOV	AAA Person	at (803) Sl 2-9 Area Code Daytimo	Telephone Number	-
Enclosed i	is a check for th	e following amount:			
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
R D P	Mailing Address Registration S Division of Co 2.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	porations allahassee	1/25 / E 4.061

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Tru Metanioa	1	SECRET OF STATE
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number \(\frac{2100015421}{} \).	were filed on $01 - 04 -$	24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Tru Metanola LLC The new name must be distinguishable and contain the words "Limited Liabil		LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8541 Cherry Vakeland, Fl	1 Hill Dr. 33810
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street addi	ress
	 '	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			
orcmeer			
AMBR = Authorized Member			
The state of the s			

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
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			□ Remove
			Change
			□Add
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessa	, y. j	
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Litect fan efi	ve date, if other than the date of filing: (optional ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) g.) Pursuant to 60	5.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this dat ent's effective date on the Department of State's records.	e will not be lis	ted as
	·		
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	he 90th day aft	er the
rd is fi	ed.		
r>1	hnuary21,2021.		
Dateo	241 10101. 9-11 20-1		
	Signature of a member or authorized representative of a member		
	Signature of a member of authorized representative of a member		

Filing Fee: \$25.00