12100015680

(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:
Name was depresed in
Name was approved in error. Free amendment issued
to Correct error.
The Control Lines.
6/29
VII '

Office Use Only

M. MOON
JUN 0.2 2021



300368734843

TALLAHASSEE FLORIDA

1981 JUN 29 AM IO: 3

COVER LETTER

		00, 11,22 0000 0000	
TO: Registration Se Division of Cor		110	
SUBJECT: UE	J LHUCKION Name of Lim	Acdy, iability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Nataja	Name of Person	
	JEN truc	Kim Company	
	4711 G	reycliff pra	irieda
	Kissim	nee # 30 City/State and Zip Code	4758
	Hrucking !	1200 150C D	ication)
For further information of	oncerning this matter, please ca	મી:	Cocc
Mataja	Person	at 324 Daytime	Telephone Number
1			
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Of Status & 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 OF

L'Atrucking UC
(Name of the Limited L
The Articles of Organization for this Limited Liability Company were filed on \(\frac{1}{1}\) \(\frac{1}{2}\) and assigned and assigned Florida document number \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\)
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 Lability Company," the designation "LLC" or the abbreviation "L.C."
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
Plantu
City . Florida Zip Code
sew Registered Agent's Signature, if changing Registered Agent:
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.
ZOZI JU
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>	Name	Address	Type of Action
<u></u>			() Add
			□ Change
			[] Add
			□Remove
		<u> </u>	Change
		<u> </u>	□Add
			Remove
			© Change
		·	
			□Remove
			□Change(
			DAdd
			□Remove
			Change
			□ Add
			Add ALLE Remove JUN 200 AH 10: 38

D. If am	tending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effect (If an c Note: docum	ctive date, if other than the date of filing:	07 (3)(b) as the
f the reco	ord 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	nc
Dated	a 6/29/21	
	Typed or printed name of signee	
	Filing Fee: \$25.00	'n,