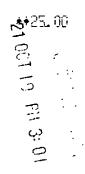
K21000031401

(Re	equestor's Name)
(Ac	ddress)
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(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
U	Office Use Only



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09/10/21--01017--016 25.00



T. MATTHEWS

OCT 28 2021



2021 OCT 13 AM 8: 04

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2021

ROGER HODELIN 7010 N THATCHER AVE TAMPA, FL 33614

SUBJECT: HODELIN TRUCKING LLC

Ref. Number: L21000031401

We have received your document for HODELIN TRUCKING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the usual business addresses of its managing members or managers.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews **OPS**

Letter Number: 521A00022624

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HODELIN TRUCKING LLC Name of Limited Liability Company
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:
Roger Hodelin
HODELIN TRUCKING LLC Firm/Company
7010 N THATCHEL AUE Address
Tampa Flori DA 33614 City/State and Zip Code Cogerel pompi Damail: Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rame of Person at (813) 900-9191 Area Code Daytime Telephone Number
Name of reison Area Code Daytime reiephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

HODELIN TR	LUCKING	LLC		g PH 3: U1
(Name of the Limited L (A F	iability Company lorida Limited Lia	as it now appears on oblity Company)	our records.)	
The Articles of Organization for this Limited Liabil Florida document number 4 210000	ity Company w	ere filed on <u>Of</u>	1-14-2021	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liabilit	ty company here:		
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designa	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable	::			
(Principal office address MUST BE A STREET A	DDRESS)	· <u> </u>		
	-			
Enter new mailing address, if applicable:	-			<u> </u>
(Mailing address MAY BE A POST OFFICE BO.	<u>v)</u> .		<u> </u>	
				
B. If amending the registered agent and/or regis agent and/or the new registered office address he		dress on our recor	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida st	reet address	
-		City	, Florida	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 = M $AMBR = A$	anager uthorized Member			
<u>Title</u>	<u>Name</u>	Address	21 CCT 19 PH 3: 01	Type of Action
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4GR	Prazen Hollelin	7010	N Thatcher A	ice Dad
		Ton.	xi FL 33614	/ □Remove
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Effective date, if other fan effective date is listed, to Note: If the date inserted document's effective date	he date must be sp I in this block d	ecific and cannot be prior to dat oes not meet the applicable:	e of filing or statutory fil	(optional) more than 90 days after filing.) Pursuant to 605.020; ing requirements, this date will not be listed as
record specifies a delay d is filed.	ed effective date	, but not an effective time, a	it 12:01 a.n	n, on the earlier of: (b) The 90th day after the
Dated		D		
	Signa	nure of a member or authorized	representati	ve of a member
	120	Can Hole	10	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)