121000056790

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
——————————————————————————————————————	iness Entity Nan	ne)
(Doc	ument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



500374701225

10/13/21--01014--009 **25.00

2021 NOV 10 PH 4: 49

O BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2021

LARRY BALDWIN 3401 NW 3RD AVE, APT 115 POMPANO BEACH, FL 33064

SUBJECT: TRIPLE L TRUCKING LLC

Ref. Number: L21000056790

We have received your document for TRIPLE L 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 titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 221A00025839

COVER LETTER

TO:

Registration Section

Division of Cor	rporations	,	
Triple L Tr	ucking LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Larry Baldwin		
		Name of Person	
	Triple L Trucking LLC		
		Firm/Company	
	3401 NW 3rd Ave Apt 11	5	
		Address	
	Pompano Beach FL 33064	ı.	
	larrybaldwin1982@gmail.c	City/State and Zip Code	SECRETAL ABASE TO PH 4: 45 TALL ABASE TO SECRETARIA SEC
		to be used for future annual report not	ification)
For further information e	oncerning this matter, please o	all:	要数 10 .
Larry D Baldwin		954 338-0775	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C	orporations	Division of Cor	rporations
P.O. Box 632 Tallahassee, l		The Centre of 7 2415 N. Monro	i allahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Triple L Trucking LLC		
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our record ted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 02/01/2021	and assigned
Florida document number L21000056790		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		CRETA
inter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		0 ;
		SC TO A
		m ³
3. If amending the registered agent and/or registered offigent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new regist
gent and/or the new registered white address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	
	rı.	swida.
	, F10	orida 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 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>	<u>Name</u>	Address	Type of Action
MGR	Larry D Baldwin	3401 NW 3rd Ave Apt 115 Pompano Beach Ft 33064	■Add
			_ □Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			_ □Remove
			Change 221 NO Add
		ALLAHASS E	Remove
		PA:	Remove l
			🗆 Add
			□Remove
			□Change
.			□Add
			□Remove
			□ Changa

		-
		-
		-
		•
		•
		-
		
		-
	2021 SEC TA	
	LL AON	ماريد
	<u> </u>	. ។ ៩, - ខាព
	<u> </u>	
		المحد ه ،
		222
	<u> </u>	
Tective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior	to date of filing or more than 90 days after filing.) Pursuant to 605	
ote: If the date inserted in this block does not meet the applic ocument's effective date on the Department of State's records.		ed a
·		
record specifies a delayed effective date, but not an effective ti	me, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
is filed.		
November 3 2021		
ated 2021	<u> </u>	
	orized representative of a member	