## L21000059115

(Requestor's Name)  (Address)	400
(Address)	1 400
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	03/
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

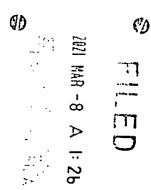
Office Use Only

04/26/2021 S.C.



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## **COVER LETTER**

Division of	Corporations		
SUBJECT: MC		TRUCKIN	16 LLC
	of Amendment and fee(s) are sub	· ·	
Please return all corre	spondence concerning this matter	to the following:	
	NEWTON	Name of Person	A
	MCCAL	LAS TUCK Firm/Company	ing LLC
	325 olive	tree circle	<del></del>
		FL 33 413 City/State and Zip Code	
	Mccollator	UCKING O YO hoo - to be used for future annual report notif	COM
For further information	on concerning this matter, please co	·	ileation)
Newton	NE Calb	at (561) 598 — Area Code Daytim	3470 e Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	e □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fec, Certificate opStatus & Certified Copy (additional copy is enclosed)
Mailing Add	<del>-</del>	Street Address:	26
Registratio		Registration Sec	
Division o P.O. Box 6	f Corporations	Division of Cor The Centre of T	
	e, FL 32314		allanassee e Street, Suite 810
	-,	2 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on $\frac{2/28/21}{}$ and assigned
Florida document number <u>L 2100059</u> .115	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	<b>(</b> I) €0
Name of New Registered Agent:	2021 MAR
New Registered Office Address:	Enter Florida street address  O  Florida  City  Zip Code
New Registered Agent's Signature, if changing Registered Agent:	26
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
MBR	NEWTON MCCALLA	325 Olive tre circle	⊵Add
		Green oxves FL 33413	□Remove
			Change
			🗆 Add
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ctive date, if other than the date of filing: to date of filing: to date of filing:	optional) ing or more than 40 days after (flangs) Pursuant in 405.0
If the date inserted in this block does not meet the applicable statuto unent's effective date on the Department of State's records.	ry filing requirements, this date will not be listed
and specifies a delayed effective date, but not an effective time, at 12:0	I a m, on the earlier of (b). The 90th day after (
filed.	
12/28 2021	
New Mealla Signature of a marchine or authorized representation of a marchine or a marc	
11/ 00/201/ 53	

Typed or primed name of signor