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(Requestor's Name)	
(Address)	800361066178
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	03/08/2101021025 ** 35.00
(Document Number)	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	
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Office Use Only

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COVER LETTER

TO: Registration Se Division of Cor			
BJECT:	nneus Truck	ted Liability Company	
	Amendment and fee(s) are sub-		
	Son	Anneu S Name of Person	.
	Anneu	S Trucking LL Firm/Company	<u>C</u>
	5343 Ellen	J Terra CQ. Address	
	West Palm B	City/State and Zip Code	
	CONALVES 10 E-mail address: (1	1846 GMUILOCOM to be used for future annual report notific	
For further information c	oncerning this matter, please co	all:	<i>₩</i>
Sony Any	f Person	at (<u>561)</u> <u>460-</u> Area Code Daytime	7541 \$\frac{1}{2}\$ Telephone Number \$\frac{1}{2}\$
Enclosed is a check for th	ne following amount:		<u> </u>
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sect	
Division of C P.O. Box 632		Division of Corp The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	TruCk Liability Comp Florida Limited	pany as t now ap Liability Compa	pears on our reco	rds.)	_	
The Articles of Organization for this Limited Lial Florida document number L2\0000820		y were filed or	02/18/2	2021	and as	signed
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of the No Name Change is required. The new name must be distinguishable and contain the work abled which is Sony An Enter new principal offices address, if applical	red we	mlyr	reed Auth	DON Zed .C" or the abbr	Peror eviation "I	n Detail
(Principal office address MUST BE A STREET	ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.)	<u>0X</u>)		_		7021 MAR	<i>(</i>)
B. If amending the registered agent and/or req agent and/or the new registered office address		address on o	ur records, <u>ente</u>	er the name	ofthe ne	w registered
Name of New Registered Agent:		Siony	Annew Tanas Co	S : =:	-9-	
New Registered Office Address:	<u> 2243</u>	Ellery BHEV	Florida street addr	ess		
	West 1	Palm Be	each, 1	Tlorida <u>35</u>	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 Type of Action ritle Address Name MGR + AMBr Sony Anneus 5343 Ellery Terrace west Perly Beach FL33417 NGR as authorize user * Add ☐ Change MGR 5343 Ellery Terrace west Palu Daniel Beach FL 38417 Marie Berlinda Français Mrs. __ Change 5258 Ashley River Rd west Pally Stands Beach FL 33417 MGR Yethe Ginard Remove ___ □Add

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Signature of a member or authorized representative of a member	nted 03/62	<u></u>						
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Florida Department of State

Division of Cherowaligns



Department of State // Division of Corporations // Search Records // Search by Entity Name //

