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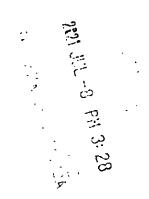
(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL,
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: H3	H Truck	ted Liability Company	
	Name of Limit	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Henry J	Hankerson Name of Person	
	H3H Tr	CICLCIO LLC Firm/Company	
	1092 Big	torch 5+	
	Riviera R giggles 989	City/State and Zip Code	3407 om
-	E-mail address: (to	o be used for future annual report notifica	tion)
For further information conc	erning this matter, please ca	II:	
- lenry Har	Kerson	at (50) 358 Area Code Daytime To	elephone Number
Enclosed is a check for the f	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

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

	ucking	LLC		
(Name of the Limit)	A Florida Limited Liabi	s it now appears on our re lity Company)	ecords.)	
The Articles of Organization for this Limited Lis		re filed on		_ and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability	company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability C	Company," the designation	'LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREE	<u> [ADDRESS]</u> _			
				
Enter new mailing address, if applicable:	_	<u>. </u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE I	<u> </u>			<u></u>
	_			
B. If amending the registered agent and/or reagent and/or the new registered office addres	C.	ress on our records. <u>e</u>	nter the name o	ယ္
Name of New Registered Agent:	Henry	JHanke	rsan	28
New Registered Office Address:				
		Enter Florida street a	ddress	
		City	_, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

11211

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
AMBR	Henry J Hankason	1092 Big torch St	[2Add
		Riviera Beach 7133	<u>107</u> □Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		_ 	Remove
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tive date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior to date of filing or m		iling.) Purs	
i If the date inserted in this block does not meet the applicable statutory filingment's effective date on the Department of State's records.	g requirements, this	date wiii i	not be listed
		77 00	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of filed.	on the earlier of: (b)	The 90t	h day after t
- / /			
bonny bankelsa. Signature of a member or authorized representative			

ET CATAO