L210000092859

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ffective date. if other than the d	late of filings		(opti	onal)
an effective date is listed, the date must be to the list of the date inserted in this blocoument's effective date on the Dep	be specific and cannot be prock does not meet the app	rior to date of tiling of plicable statutory fi	more man yo days and	filing.) Pursuant to 605.02
record specifies a delayed effective I is filed.	date, but not an effectiv	e time, at 12:01 a.r	n. on the earlier of: (b	o) The 90th day after th
December 18th	2023			
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	orgnature of a member or a	uthorized representat	ive of a member	

COVER LETTER

TO:	Registration Se			
		· ucking LLC		
SUBJE	CT:	Name of Limi	ted Liability Company	
The same	laand Amialus uf	Amendment and fee(s) are sub-	nitted for filing	
		ondence concerning this matter		
		Randell S. Dyer		
			Name of Person	······································
		Rhandi's Trucking LLC		
			Firm/Company	
PO Box 190716				
Address				
Fort Lauderdale, FL 33319-0716				
	City/State and Zip Code			
		rhandistrucking1212@gmai		
		E-mail address: (to be used for future annual report not	(fication)
For furt	her information of	concerning this matter, please co	all:	
Randell	S. Dyer		561 360-4724	
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enctose	ed is a check for t	he following amount:		
≡ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	rporations	
	P.O. Box 633 Tallahassee,		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Composition for this Limited Liability Composition for the Limited Liability Composition for this Limited Liability Composition for the Liability Composition for this Limited Liability Composition for the Liability	pany were filed on 02/24/202	21	and as	signed
Florida document number L21000092859 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited N/A The new name must be distinguishable and contain the words "Limited I Enter new principal offices address, if applicable:	liability company here: Liability Company," the designati		and as	signed
A. If amending name, enter the new name of the limited N/A The new name must be distinguishable and contain the words "Limited I Enter new principal offices address, if applicable:	Liability Company," the designati	ion "LLC" or the abb		
N/A The new name must be distinguishable and contain the words "Limited l Enter new principal offices address, if applicable:	Liability Company," the designati	tion "LLC" or the abb		
The new name must be distinguishable and contain the words "Limited letter new principal offices address, if applicable:		ion "LLC" or the abb		
Enter new principal offices address, if applicable:		ion "LLC" or the abb		
	N/A		revia 📆 "L	L.C."
(Principal office address MUST BE A STREET ADDRESS				
	S) N/A	`>5 :=:	2	
	N/A	AS	~ ~ ~	
		ਜ਼ਰ ਜ਼ਿਲ੍ਹ ਜ਼ਿਲ੍ਹ	宗 🕦	D
Enter new mailing address, if applicable:	N/A	_11	6: 0	•
(Mailing address MAY BE A POST OFFICE BOX)	N/A			
	N/A			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records	s, <u>enter the name</u>	of the ne	<u>w registere</u>
Name of New Registered Agent:				
New Registered Office Address: N/A	Enter Florida stro	ant addraw		
	r.mer r ioriua sire			
<u>N/A</u>		, Florida N/A	Zin Code	
New Registered Agent's Signature, if changing Registered Ag	City		f (12) [(1/f(t)	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kadian L. Francis	6789 NW Omega Road	■Add
		Port St. Lucie, FL 34986	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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