L21000093511

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(Address)			
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A. RIVERS
JUL 1 6 2023

COVER LETTER

Registration Section
Division of Corporations

ŢO:

SUBJECT: RICHARDSO	ON 2TRUCKING, LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of A	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	RONNIE RICHARDSON			
		Name of Person		
	RICHARDSON2 CONSU	LTING, LLC		
		Firm/Company		
	1951 ALTAVISTA CIRCI	l.E		
		Address	.	
	LAKELAND, FL 33810			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	RONNIERICH2@ME.COM	νI		
	E-mail address: (to be used for future annual report not	ification)	
For further information con	eerning this matter, please ca	all:		
RONNIE RICHARDSON		at (<u>863</u>) <u>669-5933</u>		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	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 Address:		Street Address:		
Registration Section		-	Registration Section	
Division of Corporations P.O. Box 6327		Division of Co The Centre of	-	
Tallahassee, FI	₂ 32314		ne Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RICHARDSON 2TRUCKING, LLC

(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 FEBRUARY 25, 2021 and assigned Florida document number $\underline{L21000093511}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RICHARDSON2 CONSULTING, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the few registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

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 Changing Registered Agent, Signature of New Registered Agent

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
			
			□Remove
			Change
			□Add
			□ Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□Change

<u>lote:</u> If	date, if other than the date of filing:
record s Lis filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	5/12/23
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00