

L21000 113460

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

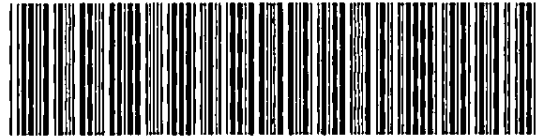
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

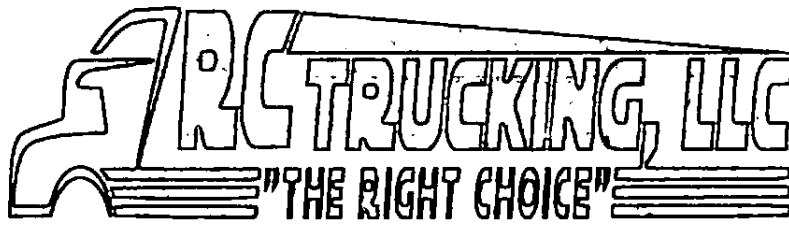


900371766839

03/18/21--01020--010 \*+60.00

2021 MAR 19 PM 11:36

16



133 Florida Lane, Crescent City, FL32112

P.O. Box 454, Crescent City, FL 32112

386-202-5098 • 386-717-0839

---

AUGUST 16, 2021

FLORIDA DEPARTMENT OF STATE

C/O REGISTRATION SECTION

P O BOX 6327

TALLAHASSEE, FL 32314

---

Enclosed is our amended application to add and change members, along with money order for processing.

I can be reached at 386-717-0839.

Ashely Ashe-Brantley

Authorized Agent

abrantley@rctrucking.org

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RC TRUCKING, LLC.

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ASHELY ASHE-BRANTLEY

\_\_\_\_\_  
Name of Person

RC TRUCKING, LLC

\_\_\_\_\_  
Firm/Company

1023 FULLWOOD AVE

\_\_\_\_\_  
Address

CRESCENT CITY, FL 32112

\_\_\_\_\_  
City/State and Zip Code

ABRANTLEY@RCTRUCKING.ORG

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHELY ASHE-BRANTLEY

386 220-5098

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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**

RC TRUCKING, 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 MARCH 9, 2021 and assigned  
Florida document number L21000113460.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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 address on our records, enter the name of the new 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*

*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 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>          | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|----------------------|-------------------------|--|
| MGR          | ROBERT A ASHE        | 1317 HUSSON AVE         | <input checked="" type="checkbox"/> Add    |
|              |                      | PALATKA, FL 32177       | <input type="checkbox"/> Remove            |
|              |                      |                         | <input type="checkbox"/> Change            |
| AMBR         | SHERROME S NICHOLS   | 133 FLORIDA LANE        | <input checked="" type="checkbox"/> Add    |
|              |                      | CRESCENT CITY, FL 32112 | <input type="checkbox"/> Remove            |
|              |                      |                         | <input type="checkbox"/> Change            |
| AMBR         | ASHELY ASHE-BRANTLEY | 1023 FULLWOOD AVE       | <input checked="" type="checkbox"/> Add    |
|              |                      | CRESCENT CITY, FL 32112 | <input type="checkbox"/> Remove            |
|              |                      |                         | <input type="checkbox"/> Change            |
| AMBR         | BRIAN BRANTLEY       | 1023 FULLWOOD AVE       | <input checked="" type="checkbox"/> Add    |
|              |                      | CRESCENT CITY, FL 32112 | <input type="checkbox"/> Remove            |
|              |                      |                         | <input type="checkbox"/> Change            |
| AMBR         | ERIC NICHOLS         | 133 FLORIDA LANE        | <input type="checkbox"/> Add               |
|              |                      | CRESCENT CITY, FL 32112 | <input type="checkbox"/> Remove            |
|              |                      |                         | <input checked="" type="checkbox"/> Change |
|              |                      |                         | <input type="checkbox"/> Add               |
|              |                      |                         | <input type="checkbox"/> Remove            |
|              |                      |                         | <input type="checkbox"/> Change            |

09110310 1111:36

99-110-100

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 16, 2021

*Ashley Ashe-Bansley*  
Signature of a member or authorized representative of a member

ASHELY ASHE-BRANTLEY

Typed or printed name of signee