L21000189085

(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section

Division of Cor	porations				
	CKING LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return an correspo	ondence concerning this matter	to the following.			
	MARIO LOVETTE				
		Name of Person			
		Firm/Company	k-3		
	8039 LAKEPOINTE DRI	VE. BUILDING 11			
		Address			
	PLANTATION, FLORID.	A 33322			
		City/State and Zip Code			
	LLHTRUCKINGLLC@GM				
		to be used for future annual report noti-	neation)		
For further information c	oncerning this matter, please c	all:			
MARIO LOVETTE		762 218-1888 at ()			
Name o	f Person		e Telephone Number		
Enclosed is a check for the	he 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		Street Address:	Nion		
Registration S Division of C		Registration Section Division of Corporations			
P.O. Box 632	27	The Centre of T	allahassee		
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLH TRUCKING LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on APRIL 23 2021	and assigned
florida document number L21000189085		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
IGHTFOOT LOVETT & HALL TRUCKING LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		ř 3
		ŗ
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		7
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:	.	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	aZip Code
	City	гір Соае

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, <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	RODNEY HALL	804 EDINBURG AVE. CHESAPEAKE, VA. 23324	
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			□Change
			🖸 Add
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ective (late, if other the	an the date of fil	ing:		(opt	ional)
effective	c date is listed, the d	late must be specific a	and cannot be prior	to date of filing or	more than 90 days after	er filing.) Pursuant to 605.02 iis date will not be listed
		the Department o			ng requirements, th	ns date will not be fisied
	ecifies a delayed o	effective date, but r	not an effective ti	me, at 12:01 a.m	on the earlier of: (b) The 90th day after the
s filed.						
, APF	RIL 20 2021					
ed			<u> </u>	•		
	~	7/-		<u></u>		
		Cianatura of	Ca mambar or autho	orized representativ	e of a member	
,		Signature or	a member of auth	nized representativ	c or a memoer	

Filing Fee: \$25.00