## L21000209799

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TALLAHASSEE/FINSHS.

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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	VL trucking 1 Name of Limi	14	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subs	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Lisha	WN Brathwaik	<u>,                                      </u>
		Firm/Company	<del></del>
	719	Dan River Ave	
	Dell	rona FL 32725	
	E-mail address: (1	City/State and Zip Code  County at he was talk 377  o be used for future annual report gotiff	
For further information cor	ncerning this matter, please ca	ıll:	
<u>Lishaun</u> Name of F	Brathwaite	at (340) 201 Area Code Daytime	7337 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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

7 7

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

LVL truckin	g LLC		
(Name of the Limited Liability Comp. (A Florida Limited	Lability Company)	ar records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000209794</u> .	y were filed on5,	5.20 <u>21</u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
Brothwaite Empire	LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	tion "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	,		5
			(S) (S)
Enter new mailing address, if applicable:			5 5 0
(Mailing address MAY BE A POST OFFICE BOX)			
			# # # # # # # # # # # # # # # # # # # #
			· ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the nan</u>	ne of the new register
agent and of the new registered write address here.			
Name of New Registered Agent:	·		<u>.                                    </u>
New Registered Office Address:			
	Enter Florida str	eet address	
		, Florida	<u> </u>
	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 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 **Type of Action Address** Title <u>Name</u> \_\_\_\_\_ 🗆 Remove \_\_\_\_ 🗀 Remove □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_ □ Add

□Remove

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an effective date is listed, Note: If the date inserte	the date must be spec	cific and cannot be	prior to date of filir policable statutor	ng or more than 90 v filing requires	days after filin	g.) Pursuan	it to 605.020° be listed as
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