L21000222575

(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



000366855920

05/24/21--01026--018 **25.00

TALLAHASSEE FL

6/3

AY 24 PM 2: 10

MAY 24 2021 ! ALBRITTON

COVER LETTER

TO: Registration Se Division of Cor		•	•
SUBJECT:	Oliver 's	s Trucking LLC	4
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joshu	Name of Person	
	Oliver	1s Trucking LL Firm/Company	<u></u>
	5451 M.	Menia Larges Bla Address	od Apt. 173
	<u> </u>	City/State and Zip Code	
	i O Shu G E-mail address: (i	Oliveriko © 9mc	il. Com
For further information c	oncerning this matter, please co	ıli:	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C P.O. Box 632	orporations	Division of Cor The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oliver's Tra	ucking L	LC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now-appears (Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	were filed on	05 1131 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here	:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "LLC" 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)		Por in
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name of th</u> e new registered
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 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>	Type of Action
AMBR	Joshua Oliver	5451 Millenia Lakes Blud	🗀 Add
		Apt. 173 Orlando, FL 32839	□Remove
			_ 🗹 Change
			□Add
			□Remove
			_ □Change
			_ □Add
			_ □Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_□Add
			_ □Remove
			_ □Change
			_□Add
			_ 🗆 Remove
			_ □Change

		······			
					-
			<u> </u>		
			-		
		<u> </u>			
		,	•	· · · · · · · · · · · · · · · · · · ·	
	·			<u></u>	
					
	<u> </u>				
					_
-		-			<u></u> _
					
		·			·
ective date, if	other than the date of sted, the date must be specif	filing:		(optional)	
tet If the date is I	sted, the date must be specif serted in this block does	ic and cannot be prior to a not meet the applicabl	date of filing or more that e statutory filing requ	m 90 days after filing.) Purs	suant to 605.0207 not be listed as
cument's effectiv	e date on the Departmen	t of State's records.			
cord specifies a s filed,	delayed effective date, bu	it not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The 90t	h day after the
ted		,			
-					
	Signaliza	of a member or authoriz	ad representative of the	south as	
	Signature	or a member of authoriz	co representative of a n	етвет	