L21000223561

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(Address)
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COVER LETTER

Division of Corporations
SUBJECT: South West Wood trucking // C 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:
Name of Person
South West Wood Trucking LLC Firm/Company
3515 SW 15th Ave Address
Cape Coral FL 33714 City/State and Zip Code Swwaltrucking a Gnail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (237) 898 - 6501 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array} c c c c c c c c c c c c c c c c c c c

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

Ooth West Wood (Name of the Limited Liability Compa (A Florida Limited)	rucking LLC	ecords.)
(A Florida Limited	Liability Company)	0.01031
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000223.56.7</u>	were filed on May -	13th - 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The 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>	207
(Principal office address MUST BE A STREET ADDRESS)		I I
		- Contraction of the Contraction
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		िल ज
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	r	
	Enter Florida street a	
	City	_, Florida
	- A,	

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** <u>Title</u> **Name** <u>Address</u> MBR Corey Wood 3515 SW 15th Ave CCFL 33414 DANGE □Remove ____ □Remove _____ □Change ______ □Remove ____ □Add Change _____ 🗀 Add _____ □Change _____ □Remove

□ Change

11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing: 5-20-2\ (optional) retive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he record ord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	May 20th. 2021.
	(many)
	Signature of a mornber or authorized representative of a member
	Corey Wood