121000229042

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Na	me)
(5.0	5	
	cument Number	
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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		7/14/21
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MillConn 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:
DATIANSHA MILLS Name of Person
MillConn Trucking hhC Firm/Company
5334 CORONET De.
Jocksonville F1 32205 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (9124), 703-4380 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) 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

C)F	THE RESERVE OF THE
M) Con Rucking (Name of the Limited Liability Comp. (A Florida Limited)	Iny as it now appears on o Liability Company)	21 JUN 14 PM 12: 57 ur records.)
The Articles of Organization for this Limited Liability Company Florida document number 12000229042	were filed on 5	17/21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	•
Enter new principal offices address, if applicable:	millConr	r rucking hhc
(Principal office address MUST BE A STREET ADDRESS)	4651 Sp.1 Jacksonvill	shury Rd. e, Fl 32256
Enter new mailing address, if applicable:		Trucking LLC
(Mailing address MAY BE A POST OFFICE BOX)	5336 Coror	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:	NA	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida _

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		A STATE OF THE STA		
<u>Title</u>	Name	Address 21 JUN 14 PM 12: 57	Type of Action	
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		JACKSONILLE, El 32205	□Remove	
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). II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eft <u>Note:</u>	ve date, if other than the date of filing:
f the recor	d 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	(gyener 11 , 2001.
	Signature of a member or authorized representative of a member
	Richard Conner.

Typed or printed name of signee