## h21 000229926

(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:
8/12/21

Office Use Only



800370879988

08/02/21--01821--026 \*\*60.00

21 AUG -2 PH 2: 34

## **COVER LETTER**

SUBJECT:			
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Shaunce	4 K. Black	may
	Lady Vik	ing Truck no	LLC
	3730 Mo	ncrief Rd.	ω
	Jacksonvil	City/State and Zip Code	) 9
	Shauncey E-mail address:	Wells @ 16 has to be used for future annual seport notific	ation)
For further information co	ncerning this matter, please ca	all:	
Shauncey K.	Blackma	Area Code Daytime	- O G O 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	

Mailing Address:
Registration Section
Division of Corporations

TO: Registration Section

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

1 add Viking Trucking 121 AG-2 PH 2: 34	
(Name of the Limited Liability Company as it now appears on our records.)  Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{MOV18,202}{L2100028992}$ and a Florida document number $\frac{L2100028992}{L2100028992}$	ssigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<del></del>
Enter new mailing address, if applicable:	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	·
B. If amending the registered agent and/or registered office address on our records, enter the name of the name agent and/or the new registered office address here:	w registered
agent and of the new registered biffee address here.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida, Zip Code	
City Zip Code New Registered Agent's Signature, if changing Registered Agent:	,
	unhi with the
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to con provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w	ith and
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doe being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab	
company has been notified in writing of this change.	•

If Changing Registered Agent, Signature of New Registered Agent

	ng Authorized Person(s) authorized to mad from our records:	nage, <u>enter ti</u>		
				4
MGR = 1 AMBR =	Manager Authorized Member		21 AUG -2 PH 2:	3 <i>L</i> i
<u>Title</u>	<u>Name</u>	Address	21 AUG -2	Type of Action
MGB	Shauncey K. Black	man 37	130 Monerie	F Rol. W. Add
	•		sonville, Fl.	
				□Change
MCR	Elizabeth A. Bing	<u>3730</u>	Woncier Ro	J.WI DAdd
		Jack	sonville, Fl.	32209 Acmove
			·····	☐ Change
MGR.	Steven C. Mackey	3730	Monciet Ro	W · □Add
	<b>'</b>	Jacks	onville, Fl.	32209 Memove
				Change
MGR	Eric J. Mackey	<i>373</i> d	Minurier Rd	
	ľ	Jack	sonville, F	1.32209 [premove
			,	
				□ Add
				[]Remove
				□Change
				□Remove

\_\_\_\_\_ □Change

f amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  21 AUG - 2 PM 2:
	21 AUG 72
_	
_	
_	
_	
_	
_	
ffectiv	e date, if other than the date of filing: (optional)
an effec	tive 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 (
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to a state on the Department of State's records.
ocumei	a seffective date on the Department of State S records.
record d is filed	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
a 13 1110	·
	$\frac{1}{1}$
Dated	July 29, 2021.
Dated	July 29, 2021.
Dated _	Shauncy K. Blackman Signature of a member or authorized representative of a member
)ated <u> </u>	Shauncey K. Blackman Signature of a member or authorized representative of a member