## h21000730035

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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		Received 07/06
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RECEIVED

2021 JUL -6 PH 3:30

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2021

RONALD A. SAMEDY 4417 ERIE ST CLERMONT, FL 34714

SUBJECT: NORMAP TRUCKING LLC

Ref. Number: L21000230035

We have received your document for NORMAP TRUCKING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 421A00014644

www.sunbiz.org

## **COVER LETTER**

Division of Corpor			
SUBJECT:N	Ormap Try PName of Limi	ucking UC ted Liability Ompany	
The enclosed Articles of An	nendment and fee(s) are subi	mitted for filing.	
Please return all corresponde	ence concerning this matter (	to the following:	
	Ronald	A. Samedy Name of Person	
		Firm/Company	
	4417 (	Erie St Address	<del></del>
	<u>Clermon</u>	FI 347H City/State and Zip Code	
-	norma str	rucking LiC @ 97	mail-com
For further information conc	eerning this matter, please ca	ıll:	
Ronald A	· Samedy	at (407) 219 - 2	2941 3
Enclosed is a check for the f			) = 1 2-
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee?  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	etion _	Street Address: Registration Sec	rtion _

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Norman Trucking LLC

( <u>Name of the Limited Liability Company as it now appears o</u> (A Florida Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company were filed on	1042,2021	and assig	med
Florida document number <u>L2100023C035</u>			
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 design	gnation "LLC" or the abb	reviation "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)		<del></del>	
		·-	
B. If amending the registered agent and/or registered office address on our reco	ords, <u>enter the name</u>	of the new	registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	street address	~	~ <u>~</u>
	Florida	702	·, i
City	, Florida	Zip Code	
		1	
I hereby accept the appointment as registered agent and agree to act in this cap provisions of all statutes relative to the proper and complete performance of m	oacity. I further agree $i$ duties, and I am fa	re to comply mùliar with	ywith the

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>	Address	Type of Action
<u>MGR</u>	Pamela Torres	4417 Erie St	□Add
		Clermont, Fl 34714	iXRemove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add ۞
			F □ Remove
			O □ Change  □ □ Change  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			<u></u> □Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	sary.)	
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		27 <sub>A</sub>
E. Effective date, if other than the date of filing: (option (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi	al) 😤	(j) 15.0207 (2015)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this c	late will not be lis	ted as the
document's effective date on the Department of State's records.	i= ↓ o-	•
		. 4.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) record is filed.	The 90th day att	er'the フ
41 ~	: 24	
Dated July 2. 2021	<b>*</b>	
Signature of a member or authorized presentative of a member		
Signature of a member of authorized presentative of a member		
Konald Samedii.		
Typed or printed name of signee		