121000243773

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Susiness Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only 5, C

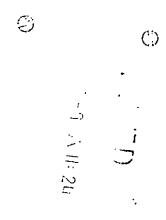


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COVER LETTER

TO: Registration Se Division of Cor			
	RISEN TRUCKING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAQUNDALYN PEERMA	AN	
		Name of Person	
	PHOENIX RISEN TRUC	KING, LLC	
		Firm/Company	
	. 0.2	abroack D #	-202
	<u> [6313 []</u>	atermark 12 17 Address	
	Rivernew	FL 33578	
		City/State and Zip Code	
	1 ack le 994 (to be used for future annual report notif	(lication)
For further information of	concerning this matter, please c		0 0
JAQUNDALYN PEERM	MAN	813 546-9393	,
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration :		<u>Street Address;</u> Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHOENIA RISEN TRUCKING, LLC		<u> </u>
(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears on our records.) Liability Company)	 -
he Articles of Organization for this Limited Liability Company lorida document number 1.21000243773	were filed on 05/25/2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C,"
nter new principal offices address, if applicable:	***	
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	9	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:		
·		•
Name of New Registered Agent:		
New Registered Office Address:		S 4
	Enter Florida street address	三三
	, Florida _	2
		Zip Code 🔷

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

BUSINESS BUSINESS AND A CONTROL OF A

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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MGR	PEERMAN, JAQUNDALYN Q	6213 WATERMARK DR	_ jAdd
		APT 202	□Remove
		RIVERVIEW, FL 33578	
			□Add
		 	Remove
			🗀 Change
		□Remove	
			☐ Change
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	date, if other than the date of filin	g:	(optional)	1
ffective	date, if other than the date of filing we date is listed, the date must be specific and	d cannot be prior to date of filing or me	ore than 90 days after filing.) Pu	rsuant to 605.0207
ffective an effecti			g requirements, mis date wit	=======================================
<u>iote:</u> If i	the date inserted in this block does not r is effective date on the Department of S	State's records.		
<u>iote:</u> If i		State's records.		 2 E
iote: If ocument	is effective date on the Department of S pecifies a delayed effective date, but not			24
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Note: If to cument record so its filed.	s effective date on the Department of S pecifies a delayed effective date, but not	t an effective time, at 12:01 a.m. c	on the earlier of: (b) The 90	24
<u>Note:</u> If i locument	s effective date on the Department of S pecifies a delayed effective date, but not		on the earlier of: (b) The 90	24

Filing Fee: \$25.00