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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: S & L	- Trucking & L Name of Limi	CQ154165 L L ited Etability Company	<u>. С</u>
	Amendment and fee(s) are sub-		
	Samuel Stro	Name of Person	
	S&L TRUCKIN	CJ& LUGISTICS L	L.C
	1831 NM 184	∫ -}- ∧ddress	
		City/State and Zip Code	
	Sanstwogle19 E-mail address: (t	o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	nll:	
LECANOLEY CA Name o	Willicims of Person	at (186) 402 - Area Code Daytime	5215 7- 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)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

> & L Trucking &	Lugistics L. L.	
(<u>Name of the Limite</u>	d Liability Company as it now appears of Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Lia	bility Company were filed on	$\omega = \Omega? - 21$ and assigned
Florida document number <u>L21(X)()2579</u>	19	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here	<u>2</u> :
The new name must be distinguishable and contain the wo	1.51	Secretary of LC " or the Milespin Company of LC "
The new name must be distinguishable and contain the wo	rds (Aminea Liability Company), the desi	
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	21
		
		÷ 5
Enter new mailing address, if applicable:		행 3
(Mailing address MAY BE A POST OFFICE B	OX)	, , , , , , , , , , , , , , , , , , ,
B. If amending the registered agent and/or re	**	ords, enter the name of the new register
agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floride	a street address
		, Florida
	City	Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Samuel Strong Ju	1831 NW 1845+	bbA&
		Min Microardens FL 35056	□Remove
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ffective date, if other than effective date is listed, the ote: If the date inserted in ocument's effective date of	date must be specific a nation this block does not	nd cannot be prior meet the applic	r to date of filing o cable statutory fi	r more than 90 days		
record specifies a delayed Lis filed.	effective date, but n	ot an effective t	ime, at 12:01 a.r	m, on the earlier o	of; (b) The 90	oth day after the

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