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Special Instructions to	Filing Officer:	
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COVER LETTER

Tallahassee, FL 32314

	Registration Division of C	Section Corporations		
SUBJEC	TTT TR	UCKING LLC		
200000	•	Name of Lir	nited Liability Company	-
The enclo	sed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please ret	urn all corres	pondence concerning this matter	r to the following:	
		SITALEKI TUIKETEI		
			Name of Person	_
			Firm/Company	_
		13919 N MAY AVE 204	Address	
		OKLAHOMA CITY, OK		
		COAST22@COAST22.NI	City/State and Zip Code	_
Confirmba	- in Communication		(to be used for future annual report notification)	
	NGSBURY	concerning this matter, please c	405 2830095	ξ
	Name	of Person	at () Area Code Daytime Telephone Numb	er N
Enclosed i	s a check for	the following amount:		> :1 = :1
≿ (\$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	rate of Status &
R D	lailing Addr Legistration Division of .O. Box 63	Section Corporations	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 OF

TTT TRUCKING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/11/2021 and assigned Florida document number L21000272913 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) Enter new mailing address, if applicable: (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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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>	<u>Name</u>	Address	Type of Action
AMBR	KALOLAINE TUIKETEI	3129 CONRAD CT	∃ Add
		KISSIMMEE, FL 34744	□Remove
			□Change
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(If an effective date is I Note: If the date ir	other than the date isted, the date must be spaceted in this block does date on the Departi	pecific and cannot oes not meet the	e applicable statu	filing or more than tory filing require	(optional 90 days after filing ements, this date) 2.) Pursuant to e will not be	0 605.0207 listed as
he record specifies a ord is filed.	delayed effective date	, but not an effe	ective time, at 12	:01 a.m. on the ea	arlier of: (b) T	he 90th day	after the

Filing Fee: \$25.00