Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000353694 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jeffandyraymond001@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DEUS TRUCKING LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

SEP 2 2 2021

A LUMT

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000353694

DE	SUS TRUCKING LLC		
(Name of the Limited Liz (A Flo	ibility Company as it now appear orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabilit	y Company were filed on	JUNE 11, 2021	and assigned
Florida document numberL21000274729	 .		
This amendment is submitted to amend the following	; :		
A. If amending name, enter the new name of the	limited liability company he	<u>ere</u> :	
The new name must be distinguishable and end with the words	"Limited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	ann agus náisceach de de Mhair naois deilean sea se	nd drov deet destinates the speed bath deliced as due to be the same	
(Principal office address MUST BE A STREET AD	DDRESS)		202)
			SE
			P 2
Enter new mailing address, if applicable:			T COPY
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		\$ 590 \$ 900
			<u> </u>
	······································	· · · ·	7 2
B. If amending the registered agent and/or registered agent and/or the new registered office a	•	our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

H21000353694

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	SENDY JEAN BAPTISTE	3765 TURTLE RUN BLVD APT 1731	□ Add
		CORAL SPRINGS, FL 33067	Remove
			O Add
			☐ Remove
			□ Remove
			🗆 Add
			□ Remove
		<u> </u>	
			☐ Remove
			
			Add
			□ Remove

/2021 10:29 AM	14154847068	→ 18506176383	
D. If amending	any other information, ente	r change(s) here: (Attach additional shee	ts, if necessary.)
			H21000353694
			· · · · · · · · · · · · · · · · · · ·
			
E. Effective date	e, if other than the date of f	iling:	(optional)
(The effective dat	e must be specific, cannot be prior (nument is filed by the Florida Depar	to date of receipt or filed date and cannot be more that	n 90 days after
Dated	SEPTEMBER 21	2021	
		Sun of P	
****	Stignature	of a member or authorized representative of a memi	her
		JEFF ANDY RAYMOND	
		Typed or printed name of signee	

Page 3 of 3