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A. BUTLER
JAN 18 2022

COVER LETTER

TO:

то:	Registration Sec Division of Corp	tion orations				
			UCKING, LLC			
SUBJE	CT:	Name of Limited Liability Company				
The en	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
Please	return all correspor	ndence concerning this matter t	o the following:			
	LOVETTE DOBSON					
			Name of Person			
			Firm/Company			
		17350 STATE HWY 249,	¥220			
		Address				
		HOUSTON, TX, 77064	, TX, 77064			
City/State and Zip Code EFILE1234@INCFILE.COM						
			o be used for future annual report notif	ication)		
For fu	ther information co	oncerning this matter, please ca	all:			
LOVETTE DOBSON		1 888-462-345. at ()	Telephone Number			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclos	sed is a check for th	ne following amount:				
■ \$2	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)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAST 4 TRUCKING, LLC		(D
(Name of the Limited Liability Compa (A Florida Limited)	any <u>as it now appears on ou</u> Liability Company)	errecords.) () () L. J. L. J.
The Articles of Organization for this Limited Liability Company		
Florida document number L21000276946		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
1		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
Ton Augusta Office Community	Enter Florida str	eet 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>	Address	Type of Action
AMBR	Bradley Belizaire	62 Ne 167th St	□ Add
		Miami. FL 33162	■Remove
			□ Change
AMBR	Jean Altenor	62 Ne 167th St	∏Add
		Miami, FL 33162	≡ Remove
			☐ Change
AMBR	Kimsley Rocques	62 Ne 167th St	
		Miami, FL 33162	■Remove
			□ Change
			□Remove
			Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			□ Change
			
			Remove
			□ Change

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Tective date, if other than the an effective date is listed, the date mote: If the date inserted in this becument's effective date on the listense.	ust be specific and c plock does not me	cannot be prior to e eet the applicabl	date of filing or mor		filing.) Pursuant to 605	
record specifies a delayed effecti is filed.	ve date, but not a	n effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day afte	r the
January, 06	^	2022				
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	10	man	- uns	WYYU	7-6	
	Signature of a me	ember or authoriz	ed representative of	f a member		