121000278122

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COVER LETTER

TO: Registration So Division of Co				
SUBJECT: RONNIE	BOY TRUCKING, LLC Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
	Proc	cessing Department		
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
		Firm/Company	 	
	1	1450 Vassar St		
		Address		
		Reno, NV 89502		~2
	returnd	City/State and Zip Code OCS@incauthority.com		2021 JIII
		to be used for future annual report notifi	ication)	10
For further information of	concerning this matter, please co	all:	· · · · · · · · · · · · · · · · · · ·	P
Process	sing Department	at (800) 638-2320		PH 5: 17
Name o	of Person	Area Code Daytime	Telephone Number i	
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 Fe Certificate of St Certified Copy (additional copy is	tatus &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RON (Name of the Limited L	NIE BOY TRUCKING, LLC Lability Company as it now appears on our records.) Torida Limited Liability Company)			
The Articles of Organization for this Limited Liabil Florida document number L21000278122		and	assigne	:d
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		abbreviation	"L.L.C.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>			_
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ente	er the nai	7022ne of t	he-new
		- -	9	الد. ح
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	<u> </u>	
New Registered Office Address:	Enter Florida street address	<u> </u>	2:	
_	, Florida			
_	City	Zip Ce	ode	

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>	<u>Address</u>	Type of Action
MGR	Ronald D'Orsi	801 30Th Ct E	
		Bradenton, FL 34208	Remove
			☐ Change
MGR Patricia D'Orsi	Patricia D'Orsi	801 30Th Ct E	□ Add
		Bradenton, FL 34208	Remove
			☐ Change
			
			Remove
			Renidve
	 		□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change

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fective date, if other than the date of filing:	or to date of filing or more than 90 days	optional)
ote: If the date inserted in this block does not meet the app cument's effective date on the Department of State's recor	cable statutory filing requirements	
cument's effective date on the Department of State's recor	s.	
record specifies a delayed effective date, but	ot an effective time, at 12:	01 a.m. on the earlier o
The 90th day after the record is filed.		
oled June 23 202	. (
acd June 23, 202	· ·	

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