## L21000284529

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## COVER LETTER ,

TO: Registration Sec Division of Corp			
SUBJECT:	NNE Trucki Name of Limi	well LLC ited <b>V</b> iability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Annette	N1 Colas Name of Person	
		Firm/Company	
	3008 Seabl	-ook Ave	
	Orlando, 1	52805 City/State and Zip Code	
		EUGHO PMOIL CON to be used for <b>d</b> uture annual report notif	
For further information co	oncerning this matter, please co	all:	
Annette 1	Vi Colas Person	at ( <u>HO</u> 7) <u>729</u> ~ Area Code Daytime	1925 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mulling Addres	۸٠	Street Address	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

(Name of the Limited Liability Configuration (A Florida Limited L	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 42/600284529.	y were filed on 10-18-21 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ility 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)	<u></u>	~ .ce k
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- 1 a. 16
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registe	<u>≥red</u>
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 Title <u>Name</u> Address Type of Action Annette Nicolas 3008 Seabrook Ave DAdd Orlando F1 32805 DRemove \_\_\_\_\_ XChange \_\_\_\_\_ □Remove \_\_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Remove \_\_\_\_\_ LiChange \_\_\_\_\_\_ □Remove ☐Change \_\_\_\_\_ □Remove Change

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an ef	tive date, if other than the date of filing:
reco 1 is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
	08/05/21
)ated	11/1/2
ated	Signature of a member or authorized representative of a member  Annette Nicolas  Typed or printed name of signers

Filing Fee: \$25.00