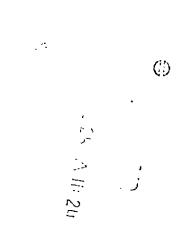
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only S.C.



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等國人 经证证的 人姓氏



COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Trucking Name of Eim	and Ospato	ch LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Lashun	Name of Person	1P	
	LB Truck	ing and Dispert	ch LLC	
	134 Sw .	7th Ave Address		
	Delray Be	City/State and Zip Code	 _	
	LBTans Dort E-mail address: (1	52021 @ gmail. C	Teation)	
For further information c	oncerning this matter, please ca		>	
Lashundra Name o	Beauchamp Person	at (SU) S60 - Area Code Daytime	⇒990 : Telephone Number	(")
Enclosed is a check for th				
☑ \$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 S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations	

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LB Trucking and	Dispatch LLC		
(<u>Name of the Limited Pability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on July 12,20	\Rightarrow and a	ssigned
Florida document number <u>L21000316845</u>	7		&
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" or th	e abbreviation "l	L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(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 a	ddress on our records, <u>enter the n</u>	ame of the ne	w registere
agent and/or the new registered office address here:			•
Name of New Registered Agent:		7.5	
Name of New Registered Agent:		• • • • • • • • • • • • • • • • • • • •	
New Registered Office Address:		<u>-</u>	<i>i</i>
	Enter Florida street address	N.	ب
	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>	Name	Address	Type of Action
CEO	Lashundra Beauchamp	134 Sw 7th Ave	🗆 Add
		Delray Beach, F1 33444	Remove
			□Change
MGRM	Lashundra Brauchamp	134 Sw 7th Ave	🗹 Add
		Delray Beach, Fl 33444	□Remove
			□Change
MGR	Daphyne Brinkley	20 Southern Cross Cir	ZAdd
		A:pt 207	□Remove
		Boynton Beach, Fl 33436	□Change (A)
Mak	Doneisha Brauchump	BALL SE 3rd ST	□Add`
		Boynton Brach, Fl 33435	Z Remove
		:	Change
AP_	Lonise Hampton	P.O. Box 880693	🗆 Add
		Port St. Lucie, F/ 34988	ZRemove
			□Change
			□Add
			□Remove
			□Change

	Signature of a member or authorized representative of a member		
f the reco ecord 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
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this danent's effective date on the Department of State's records.	te will not be	listed as the
E. Effect (If an et	tive date, if other than the date of filing: (optional fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	i l) ng.) Pursuant to	605.0207 (3 jtb
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