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COVER LETTER

TO: Registratio Division of	n Section Corporations	7			ι
1 Call 1	Haul LLC				•
SUBJECT:		mited Liability Company			ι
	s of Amendment and fee(s) are su				
Please return all corre	espondence concerning this matte	er to the following.			
	Demetricce Brown			_	
		Name of Person			
	1 Call I Haul LLC		•		
		Firm/Company		-	
	4616 Du Bois Street				
		Address		-	
	Sanford, Florida 32771				
	dan al-jarah-aum l@am ail	City/State and Zip Code	10	35.	, i
	demetriecebrown1@gmail E-mail address:	(to be used for future annual report not)	fication)	e Grande de la companya de la compan	140
For further information	concerning this matter, please of	call:			£."
Demetriece Brown		321 895-6036 at ()	•		•
Name	of Person		e Telephone Number	<u> </u>	
Enclosed is a check for t	ha fallawing umaunt:		-	•	
S25.00 Filing Fee	\$30.00 Filing Fee &	C \$55.00 Eiling Eog R	T 640.00 E	111 - 44	
	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mailing Address		Street Address:			
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P.O. Box 6327	-	The Centre of	rpotations Fallahassee		
Registration Solution of Co	ection rporations		Certified (additional certified cert	і Сору	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO ARTICLES OF ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 1 Call I Haul LLC and assigned The Articles of Organization for this Limited Liability Company were filed on 07/13/2021 Florida document number L21000318787 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here: Demetriece Brown Name of New Registered Agent: 4616 Du Bois Street New Registered Office Address: Enter Florida street address Sanford , Florida ³²⁷⁷1

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 wit 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = M: AMBR = At	unager athorized Member		
<u> Fitle</u>	Name	Address	Type of Action
Manager	Demetriece Brown	4616 Du Bois Street, Sanford, Florida 32771	= Add
			□Remove
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			□Add
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H)	
• •	
08/19/2021	
Iffective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to d Note: If the date inserted in this block does not meet the applicable	(optional)
TEXES CONTINUE OF THE PROPERTY OF THE CONTINUE OF THE ADDITION OF THE PROPERTY OF THE	acc of filing of more than 90 days after filing.) Pursuant to 605.0207 (E statutory filing requirements, this date will not be listed as a
document's effective date on the Department of State's records.	
amount amorifies a deleved affective day.	
record specifies a delayed effective date, but not an effective time d is filed.	, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 8-19-21	
R b	•
Signature of a member or authorize	ed representative of a member
Demetriece Brown	