

L21000323957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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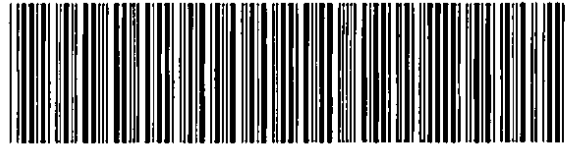
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2023 NOV 21 PM 1:14  
SECRETARY OF STATE  
OF THE STATE OF MISSISSIPPI

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jenkins Long Haul Trucking LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vicki Jenkins  
Name of Person

Jenkins Long Haul Trucking LLC  
Firm/Company

480 Wakulla Arran Rd  
Address

Crawfordville, FL 32327  
City/State and Zip Code

vicki35@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vicki Jenkins at ( 850 ) 251-6551  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

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

**Street Address:**

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**

FILED

2023 NOV 21 PM 1:14

Jenkins Long Haul Trucking LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
DIVISION OF CORPORATE & BUSINESS SERVICES  
TALLAHASSEE, FLORIDA 32399-0400

The Articles of Organization for this Limited Liability Company were filed on July 15, 2021 and assigned Florida document number L21000323957.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Jenkins Long Haul Trucking & Dispatch LLC

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)

480 Wakulla Arran Rd

Crawfordville, FL 32327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

480 Wakulla Arran Rd.

Crawfordville, FL 32327

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Vicki Jenkins

New Registered Office Address:

480 Wakulla Arran Rd.

Enter Florida street address

Crawfordville

City

Florida

32327

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.*

Vicki Jenkins

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>	<u>Type of Action</u>
MGR	Vicki Jenkins	480 Wakulla Arran Rd	<input checked="" type="checkbox"/> Add
		Crawfordville, Fl 32327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ralph Jenkins	480 Wakulla Arran Rd.	<input checked="" type="checkbox"/> Add
		Crawfordville, Fl 32327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 15 . 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee