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(Re	equestor's Name)	.,,
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	

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COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	H & M Haui	ling LLC			
30191N	···	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
		James Lovelace			
			Name of Person		
		H & M Hauling LLC			
			Firm/Company		
		1604 Connecticut Ave			
			Address		
		Lynn Haven, FL 32444			
	City/State and Zip Code				
		HMHAULING850@GMA			
		E-mail address: (to be used for future annual report notif	fication)	
For furth	ner information co	oncerning this matter, please c	all:		
James L	ovelace.		561 379-8557 at ()		
	Name of	Person		e Telephone Number	
Enclosed	d is a check for the	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)	
	Mailing Address		Street Address		

Mailing Address:
Registration Section
Division of Corporations
P.O. BOX 6527
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallanassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000344738}{L21000344738}$.	were filed on <u>7/30/2021</u>	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
&M Shed Hauting LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1604 Connecticut Ave	
Principal office address MUST BE A STREET ADDRESS)	Lynn Haven, FL 32444	
		2021
nter new mailing address, if applicable:	3862 Grady School Rd	E T
Mailing address MAY BE A POST OFFICE BOX)	Lavonia, GA 30553	-50
		PH L
3. If amending the registered agent and/or registered office a	address on our records ente	
gent and/or the new registered office address here:	eddiess on our records, ente	a the haine octate new rega
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	KZ),
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

U. R. M. Hauling I.I.C.

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>	Name	Address	Type of Action
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Signature of a member or authorized representative of a member	////				
	9,700	Signature of a member or au	horized representative	of a member	
James Lovelace	toman Landon				