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SECULIAN PARTS

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Registration Section

Division of Corporations

TO:

SUBJECT:	ITF Trucki	ng LLC			
SUBJECT.			nited Liability Company		
The enclosed	1 Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Alfonzic Smith			
			Name of Person		
		ITF Trucking LLC			
			Firm/Company		
		PO Box 120241			ं क
			Address		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
		West Melbourne, FL 3291	2		رت . از رت : از از ا
			City/State and Zip Code		**
		hanifaliking32@gmail.com			
		E-mail address: (to be used for future annual report notif	fication)	
For further in	nformation c	oncerning this matter, please ca	all:		
Alfonzie Sm	ith		786 5380769		
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a	check for th	ne following amount:			
≘ \$ 25,00 F	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Reg Div P.C	iting Addres gistration S vision of C D. Box 632 lahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations fallahassee e Street, Suite 81	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ITF Trucking, LLC

(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears or orida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on $\frac{08/16}{}$	2021	and assigned
Florida document number L21000366424			
This amendment is submitted to amend the following	y.		
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 desig	nation "LLC" or the abbrev	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DDRESS)		75 - 50 - 50
		•	<u> </u>
		•	
Enter new mailing address, if applicable:			e (O)
(Mailing address MAY BE A POST OFFICE BOX)		11,	77)
) 1	
		.:	71 J
B. If amending the registered agent and/or registe agent and/or the new registered office address her		rds, <u>enter the name of</u>	the new registered
Name of New Registered Agent:			·
New Registered Office Address:			
	Enter Florida	street address	
		Florida	
	City	Z	ip Code
New Registered Agent's Signature, if changing Regist	ered Agent:		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete performance of my I agent as provided for in Cha tered office address. I hereby c	duties, and I am famil pter 605, F.S. Or, if th	liar with and is document is

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>	Address	Type of Action
MGR	Dravian Smith	585 San Filippo Drive SEPALM BAY, FL 32909	= Add
			□Remove
			□Change
MGR	DAVIS, LELIA B	585 San Filippo Drive SEPALM BAY, FL 32909	🗖 Add
			≡ Remove
			☐Change
			Add Remove
			Change
			🗆 Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change

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(1) (1)	153
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