L21000383869

	(Requestor's Name)	
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,	Address)	
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	(City/State/Zip/Phone #)	
PICK-UF	WAIT MAIL	
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(Document Number)		
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15/21/29

COVER LETTER

Division of Corpo	orations		
SUBJECT: AILIN	S TRUCKING, L	ıc	
	Name &H.imi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Orlando `	Figueredo SR.	
	LANdy F	TRUCKING, LLC	
	711 Cypres	SS AVE Address	
	Orange City	FL 32763 City/State and Zip Code	
	LANdyailins	1975@ GMAIL.COM to be used for future annual report notif	
Don footh or information on			ication)
	ncerning this matter, please co		
Maddie Gor	162 Person	at (<u>386</u>) <u>290 - 0</u> Area Code Daytimo	334 : Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

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

HILING TRUCKI	ng, LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 8 27 21	and assigned
Florida document number <u>L 21000383869</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
LANDY F TRUCKING, LLC. he new name must be distinguishable and extitain the words "Limited Liab	oility 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)	TII CYPRESS AVE DRANGE City, FL 30	763
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
		
3. If amending the registered agent and/or registered office	addrace on any records, antar the no	na af tha naw pagietas
ngent and/or the new registered office address here:	address on our records, enter the han	©
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
	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 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
			□Add
			□Remove
			Change
			□Remove
			□Change
			□ Add
			🖸 Remove
			~-: C⊡Change
			□Add
			□Remove
		□Change	
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Page 2 of 3

	
	
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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of fil stee. If the date inserted in this block does not meet the applicable statuto	ling or more than 90 days after filing.) Pursuant to 605.0.
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective date, but not an effect from the record is filed.	ctive time, at 12:01 a.m. on the earlier
ted May 14 . 2024 .	
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Signature of a member or authorized repres	sentative of a member