## L21000390147

(R€	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nai	me)
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SECRETARY OF SHARE

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
Tucker's Far SUBJECT:	mily Trucking, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	Felix G. Montanez, Esq.		
		Name of Person	
	The Law Office of Felix G	, Montanez, P.A.	
		Firm/Company	
	2511 N. Howard Avenue		
		Address	
	Tampa, FL 33607		
		City/State and Zip Code	
	tuckr3@icloud.com  E-mail address: (	to be used for future annual report no	nification)
For further information c	oncerning this matter, please c	all:	
Felix G. Montanez, Esq.		813 816-2827	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	ection
Division of C	orporations	Division of Co	
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Mon	rananassee oo Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 OCT 11 PH 7: 10

Tucker's Family Trucking, LLC

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

The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{09/01/202}{1}$	1 and assigned
Florida document number L21000390147		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited i	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designati	on "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 offi agent and/or the new registered office address here:	ice address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	Ciry	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	General Michens, Jr.	2035 Santiago Way South	□Add
	Clearwater, FL 33763	■Remove	
			□ Change
			□Add
			□Remove
			□Change
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		, <del></del>	Change
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Effective date, if other than the date of filing:		
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Dated 7/8 7/ 2021  Signature of a member or authorized representative of a member	rd is filed	i.
Signature of a member or authorized representative of a member	Dated _	1/4 /21 /3/6 1/46 2021
Signature of a member or authorized representative of a member		
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00