# K21000411457

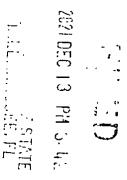
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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A. BUTLER
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### **COVER LETTER**

TO:	Registration Se Division of Cor			1		
SUDIE	The vision	trucking LLC				
SUBJE	СТ:		nited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Filing Yolanda				
			Name of Person	<del></del>		
		ZenBusiness Inc				
		······································				
	5511 Parkerest Dr., Suite 103					
			Address			
		Austin, TX 78731				
			City/State and Zip Code	***		
		fulfillment@zenbusiness.co				
		E-mail address: (	to be used for future annual report notit	ication)		
For furth	ier information c	oncerning this matter, please c	all:			
Filing Y			844 493-6249 at ()			
	Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed	d is a check for th	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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

The vision trucking LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{.09/16/2021}{...}$ Florida document number  $^{-1.21000411457}$ This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation "LLC." 6558 Harbour Rd Enter new principal offices address, if applicable: North Lauderdale, FL 33068 (Principal office address MUST BE A STREET ADDRESS) 6558 Harbour Rd Enter new mailing address, if applicable: North Lauderdale, FL 33068 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the no registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Circ

#### 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 th 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			□ Remove
			□ Change
			Add
			Remove
			Change
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	s effective date on the Department of State's records.	
ecore	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest the record is filed.	er
d	03/2021	
	/s/ Rashard Williams	
	Signature of a member or authorized representative of a member	
	Rashard Williams, Member	

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Filing Fee: \$25.00