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COVER LETTER

TO:

Tallahassee, FL 32314

	legistration Se Division of Cor			
SUBJECT	Notable Tr	acking LLC		
SUBJEC	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	ım all correspo	ondence concerning this matter	to the following:	
		DESCHANEL S RUSSEL	L	
			Name of Person	
			Firm/Company	
		655 SW 111 WAY APT 30)2	
			Address	_
		PEMBROKE PINES, FL 3	3025	
			City/State and Zip Code	
		DeschanelRussell16@gmail	.com to be used for future annual report noti:	fication)
For further	r information c	oncerning this matter, please ca	<u>-</u>	,
DESCHA	NEL S RUSSE	ELL	786 3684131 at ()	
<u>-</u>	Name o	f Person		e Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.00	0 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)
	Aailing Addres		Street Address:	
	Registration S Division of C		Registration Sec Division of Cor	
	O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Notable Trucking Logistics LLC		
(Name of the Limited I (A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 09/29/2021	and assigned
lorida document number L21000427932		
his amendment is submitted to amend the following	ng:	
a. If amending name, enter the new name of th	e limited liability company here:	
Notable Trucking LLC		
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	DDRESSI	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<i>x</i>)	
	stered office address on our records, enter the nar	me of the new register
gent and/or the new registered office address h	<u>ere</u> :	
		1547
Name of New Registered Agent:		13
New Registered Office Address:		<i>ः</i>
rew registered office radiuss.	Enter Florida street address	:
	Florida	- •
-	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	
handha annat tha annaisteach a maisteach		- ~ >
	gent and agree to act in this capacity. I further ay and complete performance of my duties, and I am	
	red agent as provided for in Chapter 605, F.S. Or	
peing filed to merely reflect a change in the regi	istered office address, I hereby confirm that the li	imited liability
mpany has been notified in writing of this cha		/

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
			□ Add
		 	□Remove
			Change
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		-	□Remove
			
		 -	□Add
			Remove
			□Change
			□ Add
			□Remove
			□Change

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n effect <u>te:</u> If	e date, if other than the date of filing:)5.020 sted a
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 0th day after the record is filed.	lier (
ed	0/30/2021	
_	Signature of a member or authorized representative of a member	
	Signature of a member of audiorized representative of a member	

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Filing Fee: \$25.00