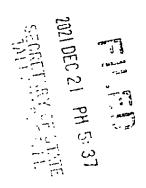
K21000465234

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Day and All a	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Q. SILAS	
12/2/121	
Office Use Only	-



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11/02/21--01008--004 **25.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

(rec.

November 12, 2021

RICOT DANIEL 14006 NW 19 AVE OPALOCKA, FL 33054

SUBJECT: ROAD LOVING TRUCKING, LLC

Ref. Number: L21000465234

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

You must submit all pages for filing. Page 2 of 3 is missing. All pages must be returned in order to file the document. Please list the individual name for each person you are needing to change the title for and select the type of action to change on page 2.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 221A00027558

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section Division of Corporations

ROAD LO	OVING TRUCKING, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RICOT DANIEL		
		Name of Person	
	ROAD LOVING TRUCK	ING. LLC	
		Firm/Company	
	14006 NW 19 AVE.		
		Address	
	OPALOCKA FL 33054		
		City/State and Zip Code	
	BIZMASS7@GMAIL.COM	4	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
RICOT DANIEL		305 744-2356 at ()	
Name	of Person	Area Code Daytin	ne 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 DEC 21 PH 5: 37

ROAD LOVING TRUCKING 1 LLC		SECRETARY OF STATE
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	TALLAMERSE
The Articles of Organization for this Limited Liability Company vi Florida document number 1.21000465234	were filed on 10/26/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	vo. 1	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to margige, 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
MGR	Ricot Daniel	1	□Add
	,		□Remove
			Change
AMBR	Harie C. Daniel		
		□Remove	
			[A Change
		Remove	
			Change
			□Add
		□Remove	
		□Change	
		□ Remove	
			Change

2- N	EED TO CHANGE THE TITLE FROM VICE PRESIDENT (VP) TO Authorized Member (AMBR)	
· · · · · · · · · · · · · · · · · · ·	date, if other than the date of filing: (optional)	
f an effectiv Note: If the	date, if other than the date of filing:	
record sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated	October 29. 2021	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00