121000446626

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(BL	usiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,





400380485304

01/31/22--01013--014 **25.00

A. BUTLER FEB - 8 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HOOK & LOOD EXPRESS. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cameron Glass Name of Person
HOOK & Load Express
131 Crete Ct
St. Augustine Fi 32084 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 377 3364 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S25.00 Filing Fee & Certificate of Status}\$\times \text{S55.00 Filing Fee & Certificate of Status}\$\times \text{Certified Copy (additional copy is enclosed)}\$\times \text{S60.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ FIOUL & LOCID EXPR		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records. ed Liability Company)) (1
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{10}{212}$	D2 and assigned
Florida document number <u>L 216004(olda</u> 2 (
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	<u>.</u>
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, <u>enter th</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·	, Flor	
	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 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>	Address	Type of Action
MGR	Whitney Drayton	131 Crete Ct	∑ Add
		St Augustine, Fl	Remove
		32084	□Change
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
-			🗆 Add
			□Remove
			□Change
			□Remove
			□ Change
<u></u>			🗆 Add
			□Remove
			□Change

				· · · · · · · · · · · · · · · · · · ·		
		_			 ·	
		 .				
				<u> </u>	<u></u>	···
				_	· · · · · · · · · · · · · · · · · · ·	
 -						
						
						
	 _		<u>.</u>			
		-	•••			
	<u> </u>					
						
				· .		
<u> </u>						
			<u> </u>		-	· -
				· · · · · · · · · · · · · · · · · · ·	-	
Affective date, if of an effective date is line Note: If the date in locument's effective	sted, the date must be serted in this block	specific and can does not meet	not be prior to date the applicable s	of filing or more th	(optiona an 90 days after tilir uirements, this da	l) ig.) Pursuant to 605.020 te will not be listed a
record specifies a o	lelayed effective d	ate, but not an c	effective time, at	12:01 a.m. on the	e earlier of: (b)	The 90th day after the
Dated // 13	2022	·	_			
						
 ;	iom	m. L	Bon			
 -	Von Sig	mature of a memb	ber or authorized	epresentative of a r	nember	