Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

- '1	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SILVA LINING TRUCKING LLC

Certificate of Status 0	
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2021 OEC -6

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVA LINING 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 file Florida document number L21000469138	ed on 10/28/21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	apany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	any," 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)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	(1 ₅
New Registered Office Address:	Enter Florida street address AFR CC Florida STEEL FLORIDA FLOR
City	Zip Codien [
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>
I hereby accept the appointment as registered agent and agree to accept one of all statutes relative to the proper and complete perform accept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	nance of my duties, and I am far har with and do not be a far of the same of t
If Changing Reg	gistered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DAVID SILVA, Jr.	7901 4TH ST N STE 4532	
		ST. PETERSBURG, FL 33702	□Remove
			&Change
			□Add
			□Remove
			□Change
 			DAdd
			□Remove
			□Change
			🗀 Add
			□Remove
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ective date, if other than the	date of filing:		(optional)	
n effective date is listed, the date must te: If the date inserted in this blo	ock does not meet the appl	scable statutory filing requi	rements, this date	will not be listed a
cument's effective date on the De	partment of State's record	ls.		
	data hut not on officiative	time at 1201 am an the		e 90th (lấy ai 🐯 th
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P:L.	Fark Signature of a member or au	thorized representative of a mo	mber	AM IO: 4.1

Filing Fee: \$25.00