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	(Reqi	uestor's Name)
	(Addr	ress)	
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	(City/	State/Zip/Phor	ne #)
PICK-UP	,	☐ WAIT	MAIL
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	(Doc	ument Number)
Certified Copies		Certificate	es of Status
Special Instructions	to Fi	iling Officer:	

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COVER LETTER

TO: Registration S Division of Co			,
HAT TRIC	CK TRANSPORTATION, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
	f Amendment and fee(s) are sub ondence concerning this matter	-	
	ERIC BERTRAND		
	 	Name of Person	_
	HAT TRICK TRANSPOR	RTATION, LLC	
		Firm/Company	_
	2659 CARAMBOLA CIR	N	
		Address	- - 51.0 22
	COCONUT CREEK, FL 3	33066	
		City/State and Zip Code	1111 - 6 PH 3: 49
	ERICMBERTRAND@GM		<u>ා</u> ග්
		to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	· 설 및
ERIC BERTRAND		561 9298754 at ()	<u> </u>
Name	of Person	Area Code Daytime Telephone Numb	er
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy hal copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of 0		Registration Section Division of Corporations	
P.O. Box 63		The Centre of Tallahassee	

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAT TRICK TRANSPORTATION, LLC				
(Name of the Limited Liability Company of (A Florida Limited Liab	as it now appears on our records.) ility Company)			
he Articles of Organization for this Limited Liability Company we	;	and assigned		
lorida document number 1.21000475771				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liability	y company here:			
he new name must be distinguishable and contain the words "Limited Liability of	Company," the designation "LLC" or	the abbrevia	ntion "L.L	C.''
nter new principal offices address, if applicable:		<u> </u>	2	
Principal office address MUST BE A STREET ADDRESS)			253	••
		<u>21</u>	<u> </u>	
_		:_	9-	•
nter new mailing address, if applicable:			72	
Mailing address MAY BE A POST OFFICE BOX)		,	င့္ပ	ر
		<u>۔۔۔۔</u>		
_		-		
. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	lress on our records, <u>enter the</u>	name of t	the new	regist
Name of New Registered Agent:	. <u></u>			
New Registered Office Address:	Enter Florida street address			
	F15 + 1	1 -		
	, Florid		n 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>	Name	Address	Type of Action
AMBR	CHILDRESS, BRETT E	796 MASON DICKSON RD	
		YORK SC 29745	■Remove
			□ Change
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				DEC 31	2022					
fecti	ve date, if other	than the da	te of filing	g: <u>DEC 31,</u>			(optio	nal)		
an effi ote:	ective date is listed, the date inserted	he date must be Lin this block	: specific and : does not n	l cannot be pr neet the ant	rior to date o dicable sta	of filing or mor tutory filing:	e than 90 days after requirements, this	filing.) Pursu date will n	ant to 605 of he list	5.0207 ed as
ocum	ent's effective date	e on the Depa	rtment of S	tate's reco	rds.	tutor, ming	equirements, and			
ecor	d specifies a delaye	ed effective da	ate, but not	an effectiv	e time, at 1	2:01 a.m. on	the earlier of: (b) The 90th	dav afte	r the
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Filing Fee: \$25.00