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PICK-UP WAIT MAIL
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SECRETARY OF STATE
TALLAHASSEE

A. BUTLER MAR 1 - 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ASW" ZW /2 Truckly Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Dornaison AShERY Name of Person	
Firm/Company	
ZIUNE 13 St Address	
DeiRay Beach Fl 33/11/4  City/State and Zip Code  FShley On 2000 and Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
1 Manc of Person at (1-95U) 200 51 65  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

## Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

<u> </u>	2 truck	1NG LL	( 9022 FER 22 P	<del>M_1+3</del> 1
(Name of the Lim	ited Liability Compar (A Florida Limited L	ny <u>as it now appears o</u> liability Company)	u our records:	.1 1131
		17	SECRETARY OF	ESTATE
The Articles of Organization for this Limited	Liability Company	were filed on $\frac{1}{2}$	<u> 1009 000 00</u>	EE arfd assigned
Florida document number \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_	511663.	•	,	
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liabi	lity company here	;ŧ	
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the desi	gnation "LLC" or the abbr	eviation "L.1C."
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)	<del></del>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
			<del></del>	<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addr		ddress on our reco	ords, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:	Docalais	son ASI	neley	
New Registered Office Address:			/	
		Enter Florida	i street address	-
			, Florida	
		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 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>	Address	Type of Action
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. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an efi Note:	ive date, if other than the date of filing:
the recorceord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	ASNERY DUTAGES  Signature of a member or authorized representative of a member  Typed or printed name of sighee
	Signature of a member or authorized representative of a member
	DONAISON ASNERY  Typed or printed name of sigher