## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 : (954)842-2931 Phone : (954)842-2936 Fax Number

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUCKING MACHINE, L.L.C.

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\$25.00

Electronic Filing Menu

Corporate Filing Menu

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## **COVER LETTER**

TO:	Registration Secti Division of Corpo	on rations		••
	TRUCKING	MACHINE, L.L.C.	_	
SUBJEC	.T:	Name of Limite	d Liability Company	
The encl	osed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please re	tum all correspond	dence concerning this matter to	the following:	
		DOLGOPOLOV, MIKHAII	L	
			Name of Person	
		TRUCKING MACHINE, L	.L.C.	
			Firm/Company	
		2849 LEXINGTON COUR	T	
			Address	
		OVIEDO, FL 32765	·	
			City/State and Zip Code	
		9957687@GMAIL.COM	o be used for future annual report notif	ication)
For fur	ther information of	oncerning this matter, please or		
DOLGOPOLOV, MIKHAIL  Name of Person		305 336-6036 at ()	Telephone Number	
Enclose	ed is a check for th	e following amount:		
≣ \$2	5,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp;         Certified Copy         (additional copy is enclosed)</li> </ul>	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	ed on 12/22/2021 and assigned mpany here:
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability con the new name must be distinguishable and contain the words "Limited Liability Con 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)  R. If amending the registered agent and/or registered office address address.	pany," the designation "LLC" or the abbreviation "L.L.C."  LEXINGTON COURT
The new name must be distinguishable and contain the words "Limited Liability Contents of the 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.	pany," the designation "LLC" or the abbreviation "L.L.C."  LEXINGTON COURT
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.	LEXINGTON COURT
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.	LEXINGTON COURT
(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	EDO, FL 32765
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.	
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.	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office addre	LEXINGTON COURT
B. If amending the registered agent and/or registered office addre	EDO, FL 32765
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	
No. 11 - FNI-11 Registered Agent:	s on our records, enter the name of the new registered
Name of New Registered Agent:  2849 LEXINGTON	が記 <b>2</b> 円、
New Registered Office Address:	OURT 然意 <b>G</b> 产業:
OVIEDO	Enter Florida street address Florida 32765

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DOLGOPOLOV, MIKHAIL	2849 LEXINGTON COURT	□Add
		OVIEDO, FL 32765	Remove
			<b>■</b> Change
			□Add
			□Remove
			☐ Change
			□Add
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Effective date, if other than the If an effective date is listed, the date mean Note: If the date inserted in this document's effective date on the	ust be specific and canno block does not meet th	ot be prior to date o he applicable sta	of filing or more tha tutory filing requ	(optional) n 90 days after filing, irements, this date	) Pursuant to 605,020 will not be listed a:
ne record specifics a delayed effect ord is filed.	ive date, but not an et	Tective time, at	12:01 a.m. on the	earlier of: (b) Tr	e 90th day after the
Dated 08/25	;	)22			
	Mikhail a	Dolgopolo	<u></u>		

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Filing Fee: \$25.00