LZZ 000014029

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T. MATTHEWS MAR 30 2022

COVER LETTER

TO:	Registration S Division of Co			
CUID III		t Direction Trucking, LLC		
SUBJEC		Name of Lim	nited Liability Company	······································
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Ivane Wright		
			Name of Person	
		The Wright Direction Truc	cking, LLC	
			Firm/Company	
		301 W. Bay Street Suite 14	4522	
			Address	
		Jacksonville, Florida 3220	2	
			City/State and Zip Code	
		thewrightdirectiontrucking@		
.			to be used for future annual report notif	ication)
For Jurin	er information o	concerning this matter, please ca	all:	
Ivane W	right		904 822-4149 at ()	
	Name o	f Person		Telephone Number
Enclosed	l is a check for t	he following amount:		
□ \$2 5.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fifing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 H 1 18 PH 1: 37

The Wright Direction 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 filed on January 05, 2022 and assigned Florida document number L22000014029

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

, Florida

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
AMBR	Ivane Wright	301 W. Bay Street	≣Add
		Suite 14522	□Remove
		Jacksonville, Florida 32202	
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			
			□Change
			□Add
			☐ Change
			DAdd
			□Remove

				
				
				
				
				
				
				
				
Tective date, if other than to an effective date is listed, the date note: If the date inserted in this ocument's effective date on the	block does not meet the applic	cable statutory filing r	(optional) c than 90 days after filing.) Purs requirements, this date will r	uant to 605.0207 not be listed as
ecord specifies a delayed effectis filed.	tive date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) The 90th	h day after the
tted March 12	, 2022	<u> </u>		
_ I Wrigh	Signature of a member or auth	······································		
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