# L22000034587

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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of 5/16/2022

## **COVER LETTER**

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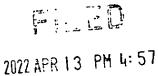
TO: Registration Se Division of Cor		•		
SUBJECT: Wes	st trucking	\		
SUBJECT. OCC	Name of Lin	nited Liability Company	····	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Rashad	WeS+ Name of Person	··········	
	west tru	Ching, LLC Firm/Company		
	8950 SW	Prairie ave		
	Occadia	P1 34269 City/State and Zip Code		
	Westrash E-mail address:	ad Syaha. Co	ication)	
For further information of	oncerning this matter, please c	eali:		
Rashad	West-	at (941) 916 3 Area Code Daytime	GGL  Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$-\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration 5		Street Address: Registration Sec	etion	
Division of C	Corporations	Division of Con	Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327 Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records.) TALL MASEE, FL (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Jan 18 2022 and assigned Florida document number <u>L22050034587</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Backwoodz trucking, UC
The new name must be distinguishable and contain the words "Limited Liability Company," 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 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 Office Address: Enter Florida street address \_, Florida \_

#### 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.

City

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
			□Add
		- Aller - Later - Late	□Remove
			□Add
			Change
		<del></del>	□Add
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			□ Add
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			□ Add
			□ Rепюче
			🗀 Add
			□Remove

## Page 2 of 3

(If an e	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	Paril 6. 2022.
	Raphal was Signature of a member or authorized representative of a member

Filing Fee: \$25.00