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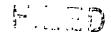
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## **COVER LETTER**

Division of Corporations
SUBJECT: Havok Express Trucking LLC Number of Limited Linbshty Company
The enclosed Articles of Amendment and fee(s) are submitted for filing
Please return all correspondence concerning this matter to the following:
Rodger Johnson Name of Person
Havuk Express Trucking LLC
32/8 Thames Dr
Tallahasse=1FL 32309
City/State and Zip Code
For further information concerning this matter, please call:
Rulus Tohnson at USO 990-4779  Name of Person Area Code Daytime Telephone Number
· ·
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:  Street Address:  Registration Section

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

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

2022 JUL 20 PM 4: 48

Havok Express [Name of the Limited Liability (A Florida)	Combany as it now appear imited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Cor Florida document number		2 /22 /2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company her	Z:
The new name must be distinguishable and contain the words "Limito	nd Liability Company," the des	signation "LI.C" or the abbreviation "I. L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(222)</u>	
	<del></del> _	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	ffice address on our rec	ords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	tinter Florida	street address
	City	, Florida Zin Code
	4-	10p . 4-4

## 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

Title	<u>Name</u>	Address	Type of Action
MGR	Radger Johnson	3218 Thames Dr Tillahassee, FL	Shadd
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		32309	
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			Change

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octive date	is listed, the date n inserted in this	the date of filing must be specific and block does not n Department of S	d cannot be prior to neet the applicab	date of filing or m le statutory filin	nore than 90 days i	ptional) after filing ) Pursu this date will no	mt to 605 0207 (3 x b) of be listed as the
d specifies ed.	i a delayed effec	tive date, but not	an effective time	e, at 12:01 a.m.	on the carlier of	(b) The 90th	day after the
(	July 6	<del>b</del>	2022	-			
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			nember or authoriz	<b>^</b> ⊒			

Filing Fee: \$25.00