## K22000091994

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03/28/22--01022--012 \*\*25.00

FILED 2022 APR -8 PH 12: 42 SECRETARY OF STATE

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Shive	mers True	Killer LLC	
JUMPECT.	Name of Limi	ted Liability-Company	
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
	Johns Hreur	Svalamer	
		,	
	Shinners	Trucking LL	<u>C</u>
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	Lehigh 1	ACTES, FL 3397 City/State and Zip Code	<u> </u>
		City/State and Zip Code	0 - 17
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Name of Fe	a area	,	·
Enclosed is a check for the f	allowing amount:		
\$25.00 Filing Fee		☐ \$55.00 Filing Fee &	☐ \$60,00 Filing Fee,
<del>y</del> 323.00 t ming 100	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Se		Registration S Division of Co	
Division of Cor P.O. Box 6327	porations	The Centre of	Tallahassee
Tallahassee, FL	. 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shinner's Truching 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 $\frac{2/9/22}{2}$ and assigned.  Florida document number $\frac{L22000091984}{2}$ .
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 "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, <u>enter the name of the new registered</u> 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.

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>	Name	<u>Address</u>	Type of Action
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Filing Fee: \$25.00