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T. MATTHEWS MAR 28 2022

COVER LETTER

Divis	ion of Corpo	orations				
	SASH BM TI	RUCKING LLC				
SUBJECT: _	Name of Limited Liability Company					
The enclosed A	Articles of A	mendment and fee(s) are subm	nitted for filing.			
Please return a	ll correspond	lence concerning this matter t	o the following:			
		JACKCENE MERLIEN				
			Name of Person			
			Firm/Company			
		8301 NW 54TH CT				
			Address			
		LAUDERHIL FL 33351				
			City/State and Zip Code			
		JACKCENEMERLIEN@YA	AHOO.COM			
		E-mail address: (to	be used for future annual re	port notification)		
For further info	ormation con	cerning this matter, please ca	ll: at ()			
	Name of P	erson	Area Code	Daytime Telepho	ne Number	
Enclosed is a c	heck for the	following amount:				
■ \$ 25.00 Fil	ing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Registration Section

TO:

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

Street Address:

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 OF

SASH BM TRUKING LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	227 17 61 3:10
The Articles of Organization for this Limited Liability Con Florida document number L22000096898	mpany were filed on 02/23/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I am ent as provided for in Chapter 605, F.S. Or	familiar with and ; if this document is
	If Changing Registered Agent, Signature of New R	egistered 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
MGR	JOHN ERVENS MERLIEN	4938 NW 48TH AVE TAMARAC FL 33319	🗏 Add
			□Remove
			Change
MGR	HENDSON MERLIEN	5715 NW 70TH TER TAMARAC FL 33321	≅Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			Change
			□ Add
			□ Remove
			Change

Effec	tive date, if other than the date of filing:
it an c Note	flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docu	ment's effective date on the Department of State's records.
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is t	iled.
	31.1.
Datec	$\frac{3 14/22}{ 14 22}$
	Signature of a member or authorized representative of a member
	TECKCOPE MCF/CN Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00