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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Henderson Trucking of Tensacola Fl. LLC Name of Dimited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Willie S. Henderson Name of Person
Henderson Trucking of Pensacola F1. LLC Final/Company
6761 Rolling Hills Rd. Address
Pensacola Fl. 32505  City/State and Zip Code  Whendersonsry Damail Com  E-mail address: (to be used forfuture annual report notification)
Whendersonsry Damail. Com E-mail address: (to be used forfuture annual report notification)
For further information concerning this matter, please call:
Delores Fenderson at (850) 207-4772  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)

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**

	Jucking of Lensacola uited Liability Company as it now appears (A Florida Limited Liability Company)	El. LLC on our records.)	
The Articles of Organization for this Limited Florida document number	Liability Company were filed on	<i>3/2/22</i> a	nd assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	<u>:</u>	24
		<u> :</u>	
		<i>'.</i> •••	5
Enter new mailing address, if applicable:			TW
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>
		<u> </u>	01
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:	ords, <u>enter the name of th</u>	ne new registered
Name of New Registered Agent:	Deloies Henders	00	- U-A
New Registered Office Address:	6761 Rolling 14	a street address	
	<u>Pensacola</u>	Florida <u>32</u>	505
Non-Builder 14 (1987)	City	Zip	Code
New Registered Agent's Signature, if changing	Registered Agent:		

1 L

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
AMBR	Delores Griffin	6761 Rolling hills Rd. Pensacola Fl. 32505	□Add
			ØRemove
			□Change
AMBR	Delores Henderson	10761 Rolling hills Ed. Pensacola Fl. 32505	ZAdd
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ument's effec	tive date on the Depa	rtment of State's re	ecords.			
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