(Reque	estor's Name)	
(Addre	ss)	
(A.1.1		
(Addre	:55)	
(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nan	ne)
_		
(Docur	ment Number)	
ertified Copies	Certificat e s	of Status
Special Instructions to Fili	ng Officer:	
		
	Office Use On	Ty .



300384930753

04/01/22--01028--001 **25.00 \aleph

2022 APR -1 AHTI: 20

COVER LETTER

TO:

	istration Se ision of Cor			
01110 10127P		Trucking LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Reginald T Ross		
			Name of Person	
		Betty Boyz Trucking LLC		
			Firm/Company	
		1679 Brewton Cir		
			Address	
		Deltona FL 32738		
			City/State and Zip Code	
		bettyboyztrucking@yahoo.c		
For further in	nformation c	E-mail address: (oncerning this matter, please co	to be used for future annual report no all:	nication)
Reginald T I	Ross		386 456-7270 at ()	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing 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 tadditional copy is enclosed)
	iling Addres		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Betty Boyz Trucking LLC

king LLC

(Name of the Limited Liability Company as it now appears on our restricted TARY OF STATE

(A Florida Limited Liability Company)

TALLAHASSET

March 07/2022	THEIRINGSEE, FI
The Articles of Organization for this Limited Liability Company were filed on March 07/2022	
Torida document number L22000115707	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI	.C" 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)	
	er the name of the new register
	er the name of the new register
gent and/or the new registered office address here:	er the name of the new register
	er the name of the new register
Name of New Registered Agent: New Registered Office Address:	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	ress
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	ress
Name of New Registered Agent: New Registered Office Address: Enter Florida street address: City	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address: City	ress
Name of New Registered Agent: New Registered Office Address: Enter Florida street address: City New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. Ly	ress Florida Zip Code fiorther agree to comply with to
New Registered Office Address: Enter Florida street address: City New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. Lyprovisions of all statutes relative to the proper and complete performance of my duties.	ress Florida Zip Code further agree to comply with to and I am familiar with and
Name of New Registered Agent: New Registered Office Address: Enter Florida street address: City New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. Ly	ress Florida Zip Code further agree to comply with to and I am familiar with and 5, F.S. Or, if this document is

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
MGR	Reginald T Ross	1679 Brewton Cir Deltona FL 32738	■Add
			©Remove
			□Remove
			□Change
	_	□Remove	
		□Change	
			□Add
		□Remove	
		□Change	
	· · · · · · · · · · · · · · · · · · ·		□Add
		□Remove	
		□ Change	
		□Remove	
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) dd Amending Manager (MGR) Reginald T Ross
_	
	<u> </u>
	<u> </u>
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
(If an effe <u>Note:</u> 1	March 07/2022 (optional) tive 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 (3)(f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the int's effective date on the Department of State's records.
If the record record is file	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 d.
Dated _	4-1
	Signature of a member or authorized representative of a member
	Reginald T Ross

Filing Fee: \$25.00

Typed or printed name of signee