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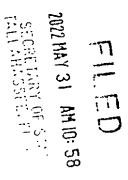
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HORNE
J. HORNE AUG - 6 2022

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COVER LETTER

	tion Section of Corporations				
Bedf SUBJECT:	ord Trucking Lle				
SUBJECT:	Name of Lin	Name of Limited Liability Company			
The enclosed Artic	eles of Amendment and fec(s) are sub	bmitted for filing.			
Please return all co	orrespondence concerning this matter	r to the following:			
		Name of Person			
	TDLEAD PARTNERS LI	LC			
		Firm/Company			
	2230 MEARS PARKWAY	Y			
		Address			
	MARGATT/FL33063				
	TCODOX@GMAIL.COM	City/State and Zip Code			
		(to be used for future annual report notific	ration)		
For further informa	ntion concerning this matter, please c	all:			
DARYI, TRAZILI	EN	954 778-9987 ar ()			
1	dame of Person	Area Code Daytime	Telephone Number		
Enclosed is a check	c for the following amount:				
■ \$25,00 Filing I	Fee \$30.00 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)		
Mailing A	ddress:	Street 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 OF

FILED

BEDFORD TRUCKING LLC

2022 MAY 31 AM 10: 58

(Name of the Limited Liability Co	mpany as it now appears on our records; ied Liability Company)	RETARY OF STATE
(A Piolica Linii	TALL!	MHASSEE, FLIFT
The Articles of Organization for this Limited Liability Comp.	any were filed on 04'27/2022	and assigned
Florida document number 1.22000199449		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	liability company here:	
BECKFORD TRUCKING LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	Σ	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ce address on our records, <u>enter th</u>	<u>ie name of the new regis</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		<u>_</u>
	Enter Florida street address	
	Flor	ida Zip Code

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 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
		 	□ Add
			Remove
			□Clange
			□Add
			□Remove
			□Chringe
			□Remove
			Change
			□Remove
			□ Change
			□Remove
			□Change
			☐Add
			□Remove
			□ Change

	
	•
(If an ef <u>Note:</u>	(optional) Tective 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 the next's effective date on the Department of State's records.
ecord is fi	
Dated	2 21 2022 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Beckford, Shawn

Typed or printed name of signee