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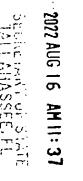
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COVER LETTER

ro: Registratio Division of	on Section Corporations		
Reeves	& Company Trucking LLC		
OBJECT:	Name of Li	imited Liability Company	
The enclosed Article	es of Amendment and fee(s) are si	ubmitted for filing.	
lease return all corr	respondence concerning this matte	er to the following:	
	DeOndria A. Reeves		
		Name of Person	
	Reeves & Company True	cking LLC	
		Firm/Company	 ,.
	8761 N. 56TH ST UNIT	NUMBER 292852	
	<u> </u>	Address	
	Temple Terrace, FL 336	17	
		City/State and Zip Code	
	d.reeves2016@gmail.com		
	E-mail address	: (to be used for future annual report notific	cation)
or further informati	ion concerning this matter, please	call:	
Deondria A. Reeves		813 297-3177	
Na	me of Person	Area Code Daytime	Telephone Number
Inclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ce \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ad</u> Registrati		Street Address: Registration Sect	ion
Division of Corporations		Division of Corpo	orations
Deondria A. Reeves Na Enclosed is a check to the second s	me of Person for the following amount: ee \$30.00 Filing Fee & Certificate of Status dress: on Section of Corporations	at () Area Code Daytime S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Sect	Telephone Number S60.00 Filing Fe Certificate of St Certified Copy (additional copy is ion orations Ilahassee

Tallahassee, FL 32303



August 15, 2022

DEONDRIA A. REEVES 7815 PINE HILL DRIVE TAMPA, FL 33617

SUBJECT: REEVES & COMPANY TRUCKING LLC

Ref. Number: L22000220658

We have received your document for REEVES & COMPANY TRUCKING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 722A00018139

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

Division for the DO DOV coor Millian Division 11 10001

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2022 AUG 16 AM II: 37

Reeves & Company Trucking LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALL AHASSEE, FL

	(A rottua Emiteu i	chaomity Company,		
The Articles of Organization for this Limited Liability Company were filed on 05-10-2022 and assigned Florida document number L22000220658 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) Temple Terrace Fl 3 31cl Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_ and assigned			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the des	ignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applie	:able:			<u></u>
(Principal office address MUST BE A STREE	ET ADDRESS)			
		Temple	Terrace, E	1 33617
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our rec	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	DeOndria Reev	es		
New Registered Office Address:	7815 Pine Hill	Drive		
If amending name, enter the new name of new name must be distinguishable and contain the er new principal offices address, if appliancipal office address MUST BE A STREET and the er new mailing address, if applicable: et alling address MAY BE A POST OFFICE and and/or the new registered agent and/or the new registered office address Name of New Registered Agent:	Enter Florida street address			
	Tampa		, Florida ³³⁶¹	7
		City		Zip Code

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>	<u>Name</u>	Address	Type of Action
AP	SHANIQUA BELLAMY	502 BESSIE DIX RD. SEFFNER FL. 33584	□Add
			= Remove
			Change
			□Add
			□Remove
			□Change
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fective date, if other than the c	lata of filing:				_ (optional)			
n effective date is listed, the date must	be specific and c	annot be prior to			ays after filing.			
ote: If the date inserted in this blocument's effective date on the Department.	ek does not me partment of Sta	et the applica- ite's records.	ne statutory ii	ling requireme	nts, this date	will not t	oe listed	las
ecord specifies a delayed effective is filed.	date, but not a	n effective tin	ic, at 12:01 a.r	n. on the earlie	erof:(b) Th	e 90th da	y after t	he
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<u>D</u>	ignature of a me	mber or author	ized representat	ive of a member			_	

Filing Fee: \$25.00