## 人ス2000224163

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: HARRIS and Smith trucking Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
HARRIS AND SMITH TRUCKING  Firm/Company  1207 Greenview Dr- Address  Lakeland, FL 33805  City/State and Zip Code  Harris and Smith trucking @ gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cimberly Harris at 863, 513 2908  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certificate of Status & Certificate Copy (additional copy is enclosed)  Certificate of Status & Certificate Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000224163</u>	were filed on $\frac{5/12}{}$	22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words. Elimited Liabil	ity Company, the designation "I	
Enter new principal offices address, if applicable:		到美工
(Principal office address MUST BE A STREET ADDRESS)		33
Enter new mailing address, if applicable:		FL 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)		<b>95</b> 7 .
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>en</u> t	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	lress
		Florida
	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 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 Name Address Type of Action 1207 Greenview Dr DAdd

Lakeland, FL 33801 Remove MGR Smith, Wayne \_\_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_ DRemove \_\_\_\_\_ □Change \_\_\_\_\_ □Сһалде \_\_\_\_\_ □Add \_\_\_\_\_ □Remove

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or r	more than 90 days after filing.) Pursuant to 605,0207
te: If the date inserted in this block does not meet the applicable statutory filinament's effective date on the Department of State's records.	ng requirements, this date will not be listed as
cord 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
s filed.	
ed May 27 2022	
//	
Signature of a member or authorized representative	