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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ang	Name of Person	
	Florx	da Built Trailor	<u>s (1C</u>
	1817 SE	Address Address	
	Fordabu	City/State and Zip Code 1 + + rai or S G to be used for future annual report notif	Mail OM
For further information of	concerning this matter, please ca	all:	,
AVJ P	ESDES, TO	at (352) 3700 Area Code Daytime	CTelephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing 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 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

Florida Buit	+ Trailors L1(
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records mited Liability Company)	<u>(,</u>)
The Articles of Organization for this Limited Liability Com Florida document number 122000233707	pany were filed on 5/19/3	2.7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
		S 202
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation of L.L.
Enter new principal offices address, if applicable:	· -	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	\$7.0 3
		E S. di
		理当
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		, , , , , , , , , , , , , , , , , , ,
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		····
New Registered Office Address:		
	Enter Florida street address	•
	 ,	orida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Angie Esposito	1817 SE STY AVE	X\(\)dd
	J	Ocala, FL 34471	□Remove
0		Λ	
MGK	Joshua Esposito	1817 SE 8th Avenu	_ □∧dd
		Oala, FL 34471	Remove
			□Change
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