## 122000246542

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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LLC amend

06/17/02 -01001--029 \*\*25.00

A. RAMSEY
JUN 1 7 2022

## **COVER LETTER**

Division of Co	rporations		
SUBJECT: [- 3	J EXTYEM	e Trucking	LLC
	Amendment and fee(s) are su		
rease return an correspo	ondence concerning this matter	r to the following:	
	Freddie	Jordan Name of Person	
	F3JEX	Ve Me Truc	king
	3647 N	Olan St.	
	Jackson	City/State and Zip Gode	54
	CLE LOIS 74 G E-mail address: (	to boused for future annual report notif	fication)
For further information co	oncerning this matter, please c	all:	
		at (352), 235 -	7084 Telephone Number
Enclosed is a shoot for a	on full and		
Enclosed is a check for the	ic tottowing 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

TO;

Registration Section

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION JUN 16 PM 1: 18

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $MAV 27$ , $202$ and assign Florida document number $L22000240542$	ned

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 Liabili	ty 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)		
Fater new mailing address to		
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida
Num Danistani d. 4 3 av	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
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		Jacksonville FL, 320	54 Remove
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	other than the date of fi- listed, the date must be specific inserted in this block does r ive date on the Department		te of filing or more than 90 days af statutory filing requirements, t	otional) fer filing ) Pursuant to 605,0207 his date will not be listed as
ne record specifies ord is filed.	a delayed effective date, but	t not an effective time,	at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Dated JUV	e 25, 2022 uddington			
J. J.	uddie 500 veddie 50	Of a member or authorize	d representative of a member	