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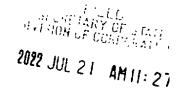
TO:

Registration Section Division of Corporations

	D TRUCKING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Jenny C.		
		Name of Person	
	ZenBusiness Inc.		
		Firm/Company	
	336 E College Ave, Ste 30) į	
		Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification
For further information of	concerning this matter, please c		
Jenny C.		844 493-6249	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sc Division of Co The Centre of ' 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



WINGRAD TRUCKING LLC

(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 $\frac{06/06/2022}{}$ and assigned Florida document number $\frac{1.22000258347}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WINGARD TRUCKING LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<u>-</u>	□ Remove
			□Change
			□Add
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ective date, if other than th	e date of filing: ust be specific and cannot be prior to date of filing o	(optional)
e: If the date inserted in this l	block does not meet the applicable statutory fi	ir more than 90 days after filing.) Pursuant to 605. Hing requirements, this date will not be liste
ument's effective date on the	Department of State's records.	
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s filed.	ve date, but not all effective time, at 12.01 a.t	ii. On the carrier of . (b) The 70th day after
fulv 1.1	2022	
ed July 14	. 2022	
ed July 14 /s/ Derrick Everett	·	