k22000 263509

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J DENNIS |
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SECRETARY OF STATE
SECRETA

COVER LETTER

| TO: | | istration Sect sion of Corpo | | | | |
|------------------|--------|---------------------------------|--|---|----------------------|---|
| SUBJEC | or. | Universal Pet | roleum Trailer and Tire Serv | ice LLC | | • |
| SOBJEC | C 1 . | | Name of Lim | ited Liability Company | | |
| | | | mendment and fee(s) are sub- | | | |
| | | , | Richard K. Britton, Esquire | | | |
| | | | | Name of Person | | |
| | | | Britton Law, LLC | | | |
| | | | | Firm/Company | | |
| | | | 2124 Park Street | | | |
| | | | | Address | | |
| | | | Jacksonville, Florida 32204 | 4 | | |
| | | | Service@Brittonlawllc.com | City/State and Zip Code | | |
| | | | E-mail address: (| to be used for future annual | report notification) | |
| For furth | her in | formation con | cerning this matter, please ca | all; | | |
| Richard | K. B | ritton | | 904 389 at () | 9-1994 | |
| | | Name of P | erson | Area Code | Daytime Telepho | one Number |
| Enclosed | d is a | check for the | following amount: | | | |
| ° ⊟ :\$25 | :00·F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S\$55.00 Filing Fee of Certified Copy (additional copy is enc | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mai | ling Address: | | Street-Ac | ddress: | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

| Universal Petroleum Trailer and Tire Ser | | |
|--|--|---------------------------------------|
| (Name of the Limited Lin (A Flo | ability Company as it now appears on our orda Limited Liability Company) | records.) |
| | | and assigned |
| Florida document number L22000263509 | · | |
| Articles of Organization for this Limited Liability Company were filed on 6/8/2022 and assigned ida document number L22000263509 amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: It is we name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." er new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) It is new mailing address, if applicable: I | | |
| 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 | n "I.LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AL | ODRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | |
| | | |
| | | |
| B. If amending the registered agent and/or regist agent and/or the new registered office address her | | enter the name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street | address |
| <u>_</u> | | , 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|----------------------------|----------------|
| MGR | Robin K Hackemeyer | 3299 Montilla Drive | []Add |
| | | Jacksonville Florida 32246 | ■Remove |
| | | | □Change |
| AMBR | Robin K Hackemeyer | 3299 Montilla Drive | ≅Add |
| | | Jacksonville Florida 32246 | |
| | | | ☐ Change |
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| ective date, if other effective date is listed, a e: If the date inserted forment's effective dat cord specifies a delay is filed. | the date must be spec d in this block does e on the Departme | ific and cannot be prior s not meet the applic nt of State's records | able statutory filing | ore than 90 days af requirements, t | his date will not be l | isted a |
| v | | | | | | |
| October 2. | Signatur | 2022 | orized representative | of a member | 0/21/22 | |
| | | | | | Λ Λ | 101 |