22 000 293 870

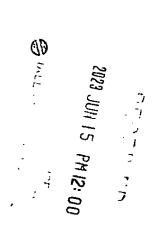
	(Requestor's Name)	· · ·
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
((Business Entity Name)	
	(Document Number)	
,	(Document Namber)	
Certified Copies	_ Certificates of St	atus
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporation		•	
SUBJECT: AMBAS	SSA DOR TRUCKI Name of Lim	NG TRUCKING LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	HUDCRT PRES	COTT Name of Person	
		Firm/Company	
	404 Chasville	E STREET Address	····-E
	Penscaola, Fl	32507 City/State and Zin Code	
	Amhas Sador true E-mail address: (32507 City/State and Zip Code King incogmail.Com to be used for future annual report noti	fication)
For further information con	ncerning this matter, please ca		
HUDCRT PTCSC Name of F	OTT Person	at (<u>941</u>) <u>565–0</u> Area Code Daytim	632 e Telephone Number
Enclosed is a check for the	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)
<u>Mailing Address:</u>		Street Address:	

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

(Name of the Limite	d Liability Comp A Florida Limited	any as it now appears o Liability Company)	n our records.)		
The Articles of Organization for this Limited Liz Florida document number <u>L22000 293</u>		y were filed on <u>07</u>	101/2022	and assign	ed
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited lia	bility company here	:		
The new name must be distinguishable and contain the wo	ords "Limited Liab	oility Company," the desig	gnation "LLC" or the a	bbreviation "L.L.C.	,,,
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/or re agent and/or the new registered office addres	egistered office	address on our reco	ords, enter the nar	SECENTIAL OF STREET	n n o
Name of New Registered Agent: New Registered Office Address:		PASSCUTT Masey///E ST Enter Florida			
	PENSACE	City	, Florida <u>_</u>	32507 Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Ambricación Tours 110

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
AMBR Branden smith	Brandon Smith	404 CHUSEVILLE STREET	□Add
		PENSUCAB, FL 32504	PRemove
			☐ Change
Ambr	Robert Kaestner	Hoy Chaseville ST	🖸 Ādd
		pensaodia, FL 32507	Remove
			Change
Ambr MicHael Bistop	MicHael Bistop	404 chasevillé ST	Add
		Pensagoja, Fl 3257	□Remove
			Change
MGR	HUBERT PRESCUTT	HOY ChastyillE ST	Œ⁄Add
		Pensadoia, FL 32507	□Remove
			Change
Ambr EARI Brawn	EARI BROWN	404 ChoseVillE ST	🗅 Add
		760540010 FL 32507	□Remove
			□Change
			□Add
			□Remove
			□Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets. if necessary.)
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
the recor	d 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 ed.
Dated	07/15/2023
	Signature of a member or authorized representative of a member
	HUBIRT PRESCUTT Typed or printed name of signee

....

Filing Fee: \$25.00