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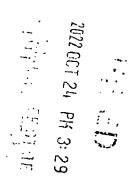
(Requestor's Name)
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A. BUTLER
JAN 17 2023

COVER LETTER

TO: Registration So Division of Cos			
	amily Trucking LLC	•	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Shauna Thomas		
		Name of Person	
	Brown's Family trucking I	LC	
Firm/Company			
	2612 Island Drive		
		Address	
	Miramar, FL 33023		
		City/State and Zip Code	
	shacotton@yahoo.com	to be used for future annual report not	(fication)
For further information of	concerning this matter, please c	•	
Marlon Brown		786 447-7540	
Name o	of Person	at () Area Code Daytim	e Telephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ation
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2672 -

Brown's Family Trucking LLC	2017 OCT 24 PH 0
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ity Company)
ne Articles of Organization for this Limited Liability Company were prida document number 1.22000322956	e filed on 7/20/ 2022 and assigned
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability	company here:
e new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
 -	
ter new mailing address, if applicable:	
Lailing address MAY BE A POST OFFICE BOX	
	
If amending the registered agent and/or registered office address the new registered office address here:	ess on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Marlon Brown	2612 Island Drive	€Add
		Miramar, FL 33023	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Effective date, if other than th	e date of filing: 7/20/2022	(optional) ate of filing or more than 90 days after filing.) Pure	(05.0207.(2)
Note: If the date inserted in this b	plock does not meet the applicable	statutory filing requirements, this date will	not be listed as the
document's effective date on the I	Department of State's records.		
	ve date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90t	th day after the
ord is filed.			
Dated	2022		
Dated	1		
	145 DW	}	
	Signature of a member of authorized	I representative of a member	
Shauna Thomas Browi	1		
	Typed or printed na	me of signee	• • • • • • • • • • • • • • • • • • • •