## 622000357183

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(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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R. HUNT 03/27/27

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: R	umor Trucking	46	
obbase i.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Clari	Name of Person	
		to Repair LLC	
	2109 Ha	skell St Address	<u> </u>
	Part 11	/ //	Wfauto gmail. Confication)
	101 F Char	City/State and Zip Code	STAIL E
	E-mail address: (	to be used for future annual report notif	Wfauto Ogma, V. com
For further information of	concerning this matter, please c	ali:	
Clarissa	HiHLe	at ( 790 ) 683 - 2 Area Code Daytime	2178
Name (	of Person	Area Code Daytime	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	<del></del>	Street Address: Registration Sec	etion
Division of C		Division of Cor	

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

Kumo: Irucking		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LZ2000357183</u> .	were filed on <u>08/15/22</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
JWF Auto Repair LLC The new name must be distinguishable and contain the words "Limited Liabi		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	-5
Enter new mailing address, if applicable:	2109 Haskell ST Port Charlotte FC	OF OF
(Mailing address MAY BE A POST OFFICE BOX)	Port Charlotte FC	
	33952	7 0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	<del></del>	me of the new register
Name of New Registered Agent:	nr:55a G H. THE	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	7: ()
	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

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i/	March	Jarses S		, 202	3 .						
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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>	Name	<u>Address</u>	Type of Action
MGR	Kody Hittle	2124 Haskell St, Port Challothe	, ∠_ □Add
		FL 33952	Remove
			□Change
			🗆 Add
			□Remove
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