## L22000373065

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## **COVER LETTER**

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SORTEC	.1: <u></u> _	Name of Lim	ited Liability Company	,
The encid	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		ALEXIS L WHITEHEAD		
			Name of Person	
Division of Corporations  FIDELITY LOADING ENTERPRISE LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  ALEXIS L WHITEHEAD  Name of Person  Firm/Company  7970 N NOB HILL RD APT 304  Address  TAMARAC, FL 33321  City/State and Zip Code  ALEXISWHITEHEADS&@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{align*} \text{S25.00 Filing Fee}  \text{S30.00 Filing Fee & Certified Copy (caldional copy is enclosed)}  \text{Certified Copy (certificate of Status)}  \text{Certified Copy (certified Copy (certified Copy)}  \text{Certified Copy (certified Copy (certified Copy)}  \text{Certified Copy (certified Copy)}  Certified Copy (certified	Firm/Company			
The enciosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  ALEXIS L WHITEHEAD  Name of Person  Firm/Company  7970 N NOB HILL RD APT 304  Address  TAMARAC, FL 33321  City/State and Zip Code  ALEXISWHITEHEADS8@GMAIL.COM  E-mail address; (to be used for future annual report notification)  For further information concerning this matter, please call:  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:				
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For furth	er information c			Traction,
			at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>≡</b> \$25.0	00 Filing Fee		Certified Copy	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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!	P.O. Box 632	7	The Centre of	Fallahassec
•	Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIDELITY LOADING ENTERPRISE		
(Name of the Limited (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liab Florida document number L22000373065		and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		202 SE
		2022 KO SECRE
B. If amending the registered agent and/or regagent and/or the new registered office address		the name of the new registered
Name of New Registered Agent;		IO AM 8: 5
New Registered Office Address:		
	Enter Florida street addre.	SS
		lorida
	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>	Name	Address	Type of Action
MGR	ALEXIS L WHITEHEAD	7970 N NOB HILL RD APT 304	<b>=</b> Add
		TAMARAC, FL 33321	🗀 Remove
			Change
AMBR	JONATHAN LEWIS	420 SW 1ST COURT APT 3	<b>=</b> Add
		POMPANO BEACH, FL 33060	□Remove
			□Change
			Remove
			□Change
			□Add
			DAdd
			Remove
			Change
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			□Remove
			Change

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Effectiv	ue date if other than	s the date of filing			(optio	nal)	
Note:	ve date, if other than ective date is listed, the date If the date inserted in the ent's effective date on the	his block does not m	eet the applical	o date of filing or mo ole statutory filing	re than 90 days after t	iling.) Pursuant to 605.02	207 (3   as th
he record ord is file	l specifies a delayed ef ed.	fective date, but not	an effective tin	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after t	he
Dated	OCTOBER 28		2022				
		- A : 6		-			

Typed or printed name of signee