## L22000373942

	(Requestor's Name)
	(Address)
	,
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Dusiness Littly Name)
-	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer:





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A. BUTLER

AUG 3 1 2022

## **COVER LETTER**

10: Registration Section Division of Corporations
SUBJECT: TOP LEAUGUE Trucking 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:
TAMES LEGETME Name of Person
Firm/Company
2949 NW 99th Ter
SWVISE, FL 33322 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAMES Legerme at (454) 376-1233  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Talianasse-2415 N. Monroe Street. Suite 81% Tallahassee, FL 3237

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

OF 2022 AUG 31 PH 3: 07

TOP LEAUGUE Trucking LIAC

(Name of the Limited Liability Company as it now appears on our records.)

A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	ny were filed on 08-25-2022 and assigned
Florida document number <u>L22000373942</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
TOP LEAGUE TRUCKI	NG LLC
The new name must be distinguishable and contain the words "Limited Li	ability 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here.	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer r torida 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.

Zio Code

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
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). II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:  cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a cent's effective date on the Department of State's records.
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 led.
Dated	08-30-2022
	Signature of a member or authorized representative of a member
	James Legerme Typed or printed name of signes
	Typed or printed name of signed