## 422000425069

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2022 OCT 24 PN 4: 06 SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Trucking Great America, 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:	
<u>lana</u> <u>Name of Person</u>	
Trucking Great America	
1038 Brayton Lane	
City/State and Zip Code	
1 Be mail address: (to be used for future annual conset notification)	
Taina Ramos at (954) 854-5350  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: 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

Trucking Great	America, LLC
( <u>Naple of the Limited Liability</u> (A Florida l	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number $L22000425069$	Company were filed on October 3rd 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and contain the words "Limit	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable:	RE CC 7
(Mailing address MAY BE A POST OFFICE BOX)	[7] T. T. Mary
	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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

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 Title Name Address Type of Action Taina Ramos MGR 1038 Brayton Lane Stade Davenport, FL 33897 Remove AMBR Taina Ramos 1038 Brayton Lane Stadd Davenport, FL 33897 | Remove □Change SCHOOL OCTANGE □Add Remove □ Change □Add □Remove □Change \_\_\_\_\_ □ Add □Remove

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(If an eff <u>Note:</u>	ve date, if other than the date of filing:	
the record		lay after the
Dated	October 18th . 2022 .  Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Taina Ramos	

Filing Fee: \$25.00