422000432664

(Requestor's N	ame)
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,	
(City/State/Zip/	Phone #)
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Southern I SUBJECT:	Boy Trucking, LLC		
30bJEC1	Name of Lim	nited Liability Company	• •
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Christopher Bell		
		Name of Person	
	Southern Boy Trucking, L	LC	
		Firm/Company	~
	10185 NE 7th Lane		1 N. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Address	
	Silver Springs, FL 34488		
		City/State and Zip Code	
	southernboytruckingflc22@	*	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Christopher Bell		352 299-3423 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Fiting Fee	(1) \$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)
Mailing Addre Registration Division of G P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Boy Trucking, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000432664	were filed on 10/06/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 3
(Principal office address MUST BE A STREET ADDRESS)		1022 33.0
		T-87 - 151
		12
Enter new mailing address, if applicable:		- - 10
(Mailing address MAY BE A POST OFFICE BOX)		- 1
indining address MAT DE ATTOOT OF THE BOAY		28
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	me of the new registe
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 agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I am	familiar with and

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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

<u>Title</u>	Name	Address	Type of Action
MRG	Nicholas D Zackery	PO Box 4044 Ocala, FL 34478	🗆 Add
			Remove
			□Change
MRG	Amanda S Bell	10185 NE 7th Lane Silver Springs, FL 34488	= Add
			□Remove
			□Change
			2022 de Co
			Remove
			☐Change
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			□Remove
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fective date, if other than the date of filing:	22	(0)	ptional)	
n effective date is listed, the date must be specific and cannot be pri		or more than 90 days a	ifter filing.) Pursua	
ote: If the date inserted in this block does not meet the app cument's effective date on the Department of State's record	ds.	filing requirements,	this date will no	t be listed :
ecord specifies a delayed effective date, but not an effective is filed.	e time, at 12:01 a	.m. on the earlier of	: (b) The 90th	day after th
November 14 2022				
(1) A. (M)	·			
Au la Mu - Ma		ative of a member		

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Typed or printed name of signee