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(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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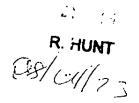


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COVER LETTER

	ion Section of Corporations .
SUBJECT:	Honey Macuto Frick LLC Name of Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are submitted for tilling.
Please return all co	orrespondence concerning this matter to the following:
	Honey M. Frick Name of Person
	Honey Macuto Frick LLC
	7248 Lindhurst Street
	Springhill FL. 34606 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
Honcy	M. Frick at (813) 895-4815 Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:
□ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Divisior P.O. Bo	tion Section Registration Section n of Corporations Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Honey Macuto (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>L22000447426</u> .		2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab CKH Trucking LLC The new name must be distinguishable and contain the words "Limited Liabi		abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Szme	No (A)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Same	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registere
Name of New Registered Agent:	Same	
New Registered Office Address:	Enter Florida street address	
	, Florida	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.

	<u></u>	
If Changing Registered	LAgent Signature of Nev	v 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>	<u>Name</u>	Address 7248 Lindhurst Street	Type of Action
4 MBR	Christopher M. Rzy	Address 7248 Lindhurst Street Springhill FL 34606	_ (X /\dd
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			_ □Change
			_ □Add
			_ □Remove
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ective o	date, if other	than the dat	e of filing	g: Ju cannot be pr	$\frac{1}{2}$	i, 20) 23 ore than 90 d	_ (option: ays after file	al) ing.) Pursuar	nt to 605 020
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