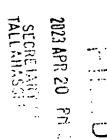
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Special instructions to F	Filing Officer:	
	J. HORNE	Ē
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RECEIVED

COVER LETTER

O: Registration Section Division of Corporations
SUBJECT: Chuck A Truck. 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:
LES Foster Name of Person
Firm/Company
408 Lordon R
Address Address Address Address City/State and Zip Code Les Foster 101 @hotmuil.com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Les Foster Name of Person at (404) 405-130G Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \$\times \text{Certificate of Status & Certified Copy} \\ \text{(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 Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

11	
ARTICLES OF O	RGANIZATION 77/7 🔩 🚄 👚
OI	20-
(Name of the Limited Liability Compan (A Florida Limited Li	A + QUALER PRICE
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 22000 467075</u> .	were filed on $\frac{10/31/32}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile CHUCK TN A TRUCK The new name must be distinguishable and contain the words "Limited Liability".	# 1 Rocfer LLC
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 office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida ___

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	[] Change
			□Add
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			□Remove
			□Change

Page 2 of 3

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ote: If	date, if other than the date of filing:
The 90	od specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of the day after the record is filed.
ated	April, 2012- 2023
	Signature of a member of authorized representative of a member