3/17/23, 11:01 AM

To:

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000102153 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

| *Ent | er | the | email | address | for | this | busin | ess | entity | to | be | used | for | future |
|------|----|------|--------|----------|-----|-------|-------|-----|--------|-----|------|-------|------|--------|
| | an | nual | report | t mailin | gs. | Enter | only | one | email | add | res: | s ple | ase. | *** |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BULL FORCE TRUCKING & HAULING LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | |
| Page Count | 05 |
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Corporate Filing Menu

Help

T. LEMIEUX MAR 1 7 2023

From Sylvia Paull

.com, Inc. From: Sylvia Pault

| | 1 | (| COVER LETTER | • |
|---------------|----------------------------------|---|---|--|
| | gistration Sec sision of Corp | | | |
| | | CE TRUCKING & HAULING | 3 LLC | |
| SUBJECT: | | Name of Limi | ited Liability Company | |
| The enclosed | d Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Cheyenne Moseley | | |
| | | | Name of Person | |
| | | Legalzoom.com, Inc. | | |
| | | | Firm Company | |
| | | 101 N Brand Blvd 11th Fl | | |
| | | | Address | |
| | | Glendate, CA 91203 | | |
| | | | City/State and Zip Code | |
| | | hullforcetrucking@gmail.co | om | |
| | | E-mail address: () | to be used for future annual report notif | cation) |
| For further i | nformation co | oncerning this matter, please co | all: | |
| Cheyenne N | Aoseley | | 800 773-0888 | |
| | Name of | *Person | at () | Telephone Number |
| Enclosed is | a check for th | e following amount: | | |
| □ \$25.00 I | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ■ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed: | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy indditional copy is enclosed: |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Chifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From: Sylvia Pauli

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BULL FORCE TRUCKING & HAULING LL | | · |
|--|---|---------------------|
| (<u>Name of the Lamited Liability</u> (A Florida l | Company as it now appears on our records.) Limited Liability Company) | |
| | | |
| The Articles of Organization for this Limited Liability Co | empany were filed on 11/17/2022 | and assigned |
| Florida document number 1.22000493193 | , | |
| | _ | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" or the ab | breviation "L.L.C " |
| | • | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| muning address MAT DE AT VOTE VITTED DASS | | |
| | | |
| B. If amending the registered agent and/or registo | ered office address on our records, enter | the name of the ne |
| registered agent and/or the new registered office addre | | |
| | _ | 2023 |
| Name of New Registered Agent: | | 33 |
| Name of (vew registered Agent). | | 43 |
| New Registered Office Address: | | |
| | Emer Florida street oddress | |
| | Florida | |
| | Cny | Zip Code |
| New Registered Agent's Signature, if changing Registered | Agent: | ် ဟ |

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, E.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited hability campany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

From: Sylvia Paull

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 |
|--------|------------|
| AMDD - | Authorizad |

AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------|--|----------------|
| MGR | Asia Rich | 6077 Alicia Dr., Pensacola, Fl. 32504 | Add |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | □ Add |
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LegalZoom.com, Inc.

From: Sylvia Pautl

| Iffective date, if other than the date of filing: | _ | |
|---|--------------------------------|---|
| Hective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pussion to 605.0207 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. | | |
| Rective date, if other than the date of filing: If the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pussion to 605.0207 ote: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as securent's effective date on the Department of State's records. The effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filled. | _ | |
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Filing Fee: \$25.00