L22000506063

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COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
CANTIK T	RUCKING LLC		
SUBJECT:	Name of Lin	eted I rab lity Company	-
The enclosed Articles of	Amendment and feets) are sub	omitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHAD HINKLEY		
		Name of Person	
	CANTICK TRUCKING L	LC	
		Firm Company	
	8082 SE SHILOH TERR	ACE	
		Address	
	HOBE SOUND, FLORIC)A 33455	*** ***
		City/State and Zip Code	
	CHADHINKLEY@YMAIL		· .:
	E-mail address; (to be used for future annual report not	
For further information e	oncerning this matter, please c	all:	
CHAD HINKLEY		561 801-8080	[] [] [] [] [] [] [] [] [] [] [] [] [] [
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANTIK 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 inbihiy Company)	<u> </u>	
The Articles of Organization for this Limited Liability Company Florida document number L22000506063	were filed on 12/01/2022	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	ty Company," the designation "ELC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET ADDRESS)		· 53	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u></u>	
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Flor	rida Zip Code	
	Cuy	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 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

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>	<u>Name</u>	Address	Type of Action
AMBR	COURTNEY K. CALARCO	3554 SW SUNSET TRACE CIRCLE	
		PALM CITY, FL 34990	∐Remove
			_
			□ Remove
			□Change
		•	t ⊞Remove
			∷
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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tive date, if other the flective date is listed, the of If the date inserted in ment's effective date or	late must be specific and this block does not m	cannot be prior leet the applica	able statutory	or more than 90 da	(optional) ys after filing.) h its, this date w	Pursuant to 605 fill not be list

