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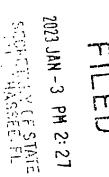
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3/15/23 V.W.



## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT:	uck Buddy's	Touck & Car ted Liability Company	Rental CLC
The enclosed Articles of Am	endment and fee(s) are subi	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	DeWar	Name of Person	
	Truck Bu	day's Truck Car	Rental CLC
	1507 16th	St E Bradent	n FL, 34208.
		dent on FC 342 City/State and Zip Code	
-	E-mail address: (t	o be used for Inture annual report not	Mul. Com
For further information cone	erning this matter, please ca	all:	
DeWlyres Name of Pe	n Junes	at (941) 290 Area Code Daytir	ne Telephone Number
Finclosed is a check for the for the form of \$25.00 Filing Fee	ollowing amount: \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy
			(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 ARTICLES OF ORGANIZATION OF

(Name of the Limited I	Liability Company as it now appears or Florida Limited Liability Company)	r Rental [	<u> L(</u>	
The Articles of Organization for this Limited Liabil Florida document number $_{L2200052}$		2/12/202	2 and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the desig	nation "LLC" or the a	abbreviation "L.L.C."	-
Enter new principal offices address, if applicable	e:		202	_
(Principal office address MUST BE A STREET A	(DDRESS)	,		ŀ
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>		N-3 PH 2: 27	- 1 - -
B. If amending the registered agent and/or regisagent and/or the new registered office address h		rds, <u>enter the nar</u>	me of the new registo	ered
Name of New Registered Agent:	De Warren 1507 167	Jones	)	_
New Registered Office Address:	1507 1674 Enter Florida	1 54 E		_
-	Brudenton	Sirect maaress		_

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.

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
Mgr	De Vurren Jones	1507 16th St E Bras	34 2008 Janton Fo Ontad
V			□Remove
			Change
			□Add
			Remove
			□Change
<u>.</u>			
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			[]Remove
			[]Change
			□Add
			□Remove
			[]Chapan

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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_	
_	
Note: 1	e date, if other than the date of filing:
e record ord is tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated _	December 27th, 2022
_	Signature of a member of authorized representative of a member
	De Warren Jones

Filing Fee: \$25.00