LD 600530110

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

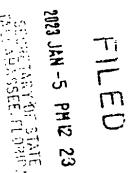
Office Use Only



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LLC N/C Amena

01/05/23--01017--004 **25.00



A. RAMSEY MAR 16 2023

COVER LETTER

FO: Registration Section Division of Corporations
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:
Name of Person
Pirm/Company
441 Avella St &
Part Charlotte FL 33954 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stream of Person at (941) 815 8823 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 FILED ARTICLES OF ORGANIZATION OF 2023 JAN -5 PM 12 23

(Same of the Limited Liability Company as)it now appears on our records.)

(A Florida Limited Liability Company)

(A Fiorida Camiça Chabany)
The Articles of Organization for this Limited Liability Company were filed on 12/19/2022 and assigned
Florida document number <u>L77000530110</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Nestors Trucking LLC
The new name must be distinguishable and contain the cords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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 address on our records, enter the name of the new registered
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City 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.

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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
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effective date i e: If the date	f other than the da s listed, the date must be inserted in this block tive date on the Depar	specific and cannot be does not meet the a	oplicable statutory fi	more than 90 days aff		
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	Sig	nature of a member or	authorized representat	ive of a member		

Filing Fee: \$25.00