

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L2300005002931202

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((H23000050029 3))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
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Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SWAMP MONSTER TRUCKING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2023 FEB 16 PM 3:52

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APPROVED
AND
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To: 18506176383 From: 12147128131 Date: 02/16/23 Time: 2:47 PM Page: 02/05
To: 12143174754 From: anonymous Date: 02/09/23 Time: 7:41 PM Page: 01
850-617-6381 2/9/2023 2:41:21 PM PAGE 1/001 Fax Server



February 9, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SWAMP MONSTER TRUCKING LLC
3223 RUFUS RD
CHIPLEY, FL 32428US

SUBJECT: SWAMP MONSTER TRUCKING LLC
REF: L23000031202

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H23000050029
Letter Number: 123A00003190

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H23000050029 3)))

SWAMP MONSTER TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/17/2023 and assigned
Florida document number 1.23000031202.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "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

(((H23000050029 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DANELL OUELLET BAXLE	3223 RUFUS RD	<input type="checkbox"/> Add
		CHIPLEY, FL 32428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANELL OUELLET BAXLEY	3223 RUFUS RD	<input checked="" type="checkbox"/> Add
		CHIPLEY, FL 32428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If 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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record 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 record is filed.

Dated January 30

2023

Signature of a member or authorized representative of a member

Danell Ouellet Baxley

Typed or printed name of signee

((H23000050029 3)))

Filing Fee: \$25.00