423000092360

(Requestor's Name)			
(Ad	dress)		
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(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP		MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	Certificates	s of Status	
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COVER LETTER

TO: Registration S Division of Co	orporations •		A 49
SUBJEČT:U	NION BULK, LLO	5	•
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	HEIT	TH W. Box Name of Person	
		Name of Person	
	UNIO	BULK, LLC Firm/Company	
		Firm/Company	· · · · ·
	8329 SW	163RD LOOP	
		Address	
	LAKE BU	TLER FL. 32054 City/State and Zip Code	
	H-mail address (LLC @GMAIL. COM to be used for future annual report noti	fication)
For further information (concerning this matter, please c	all:	
HEITH Name	Вох	at (<u>386)</u> <u>628 -</u> Area Code Daytim	1246
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he fullowing amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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

HUTTO UNIO	N BULK LLC	2023 00T 13 AM 8: 05
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	•	1/2023 and assigned
Florida document number <u>L23000092360</u>	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
imming damess mer bit A FOST OF FEL BOX		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	City	Florida
	Cuk	zφeoue

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
MGR	RICHARD L. KILLEY I	11137 SW 49TH TERRACE	□Add
		LAKE BUTLER FL 32054	ERemove
			□ Add
			©Remove
			🗆 Change
			□Add
			□Remove
		☐ Change	
		□ Add	
		□Remove	
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Chanee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 OCTOBER 10TH Signature of a member or authorized representative of a member HEJTH N. BOX Typed or printed name of signee

Filing Fee: \$25.00