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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Corp | | | | |
|--|--|---|--|--------------|
| SUBJECT: Litt | le Mans Name of Lim | Trucking Lited Liability Company | LC | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspon | dence concerning this matter | to the following: | | |
| | _ Derri | CK Stanle Name of Person | 4 | |
| | | Firm/Company | | |
| | 1004 Bal | dwin Rowe (| ١٠ | |
| | Panama | City FL 3 City/State and Zip Code | 2405 | 125 |
| | Pmail address: (1 | 5+00ley880g | Mail Con | |
| For further information co | ncerning this matter, please ca | , . 0 | PH SCEE | . 6 |
| Derrick Name of I | Stanley | at (_65) _65- Area Code Daytime | Mal. Complex STATE STATE OF Telephone Number | Anna Comment |
| Enclosed is a check for the | following amount: | | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Address: | | Street Address: | tion | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 Limi | ted Liability Compan (A Florida Limited Li | v as it now appears on our institution of the company) | records.) | | |
|--|---|--|--------------------------|----------------|--------------|
| The Articles of Organization for this Limited L Florida document number <u>LZ3000</u> [| | vere filed on <u>Fe</u> b | 28,2023 | and assig | ned |
| This amendment is submitted to amend the foll | owing: | | | | |
| A. If amending name, enter the new name o | f the limited liabil | ity company here: | | | |
| The new name must be distinguishable and contain the v | vords "Limited Liabilit | y Company," the designation | "LLC" or the abbrev | iation "L.L.(| <u></u> |
| Enter new principal offices address, if applic | | | | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | | 2023 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or r | | ldress on our records e | enter the name of | AR I So PH 4: | Tegistered |
| agent and/or the new registered office addre | | <u> </u> | iie name o | | - Carrier Co |
| Name of New Registered Agent: | Derric | k Stan | ley | | |
| New Registered Office Address: | 1004 | Baldwin Enter Florida street a | Rowe C | <u>i</u> | |
| | Panar | va City | _, Florida <u>37</u> | 40S ip 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.

Changing Registered Agent, Signature of Yew 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** Derrick Starley 1004 Baldwin Rove Cir Xadd

Danama City Fl 32405 Remove ☐ Change \square \square \land dd Remove ☐ Change □M≥move∉ □**C**hange [{] □Add □ Remove _ □Change □Remove _ □Change \Box Add □Remove

______ □Change

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Filing Fee: \$25.00