

L23000133820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

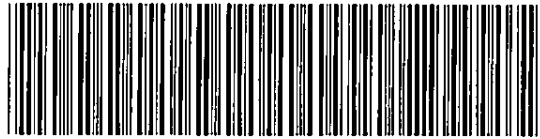
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

FEB 14 2024
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tre's Transporting, LLC
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:

Melvin L. Loveless III
Name of Person
Tre's Transporting LLC
Firm/Company
1602 Seabreeze Dr.
Address
Tarpon Springs, Florida 34689
City, State and Zip Code
lovelace44@icloud.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Melvin Loveless III at (813) 520-9947
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- X \$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)

RECEIVED
JAN 30 2024

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**

Tre's Transporting LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 03-29-2023 and assigned

Florida document number L23000133820

This amendment is submitted to amend the following:

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

N/A

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:

1602 Seabreeze Dr.

(Principal office address MUST BE A STREET ADDRESS)

Tarpon Springs, Florida 34689

Enter new mailing address, if applicable:

1602 Seabreeze Dr.

(Mailing address MAY BE A POST OFFICE BOX)

Tarpon Springs, Florida 34689

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:

N/A

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.

N/A

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Melvin Loveless III	1602 Seabreeze Dr	<input checked="" type="checkbox"/> Add
		Tarpon Springs, Florida 34689	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Melvin Loveless III	1602 Seabreeze Dr.	<input checked="" type="checkbox"/> Add
		Tarpon Springs, Florida 34689	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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