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S. ROBERTS
JUN 1 6 2023

COVER LETTER

Division of Corp	orations		
SUBJECT: <u>Anthoi</u>	B Truckin	19 Services LLC ted Hability Company	·
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Anthony D B	Name of Person	
	Anthony B	Firm/Company	œ' Llè
	1417 Tan Ta	ra Trail Address	
		City/State and Zip Code	2221
	Anthony Butler 4	147 Chmail. lom o be used for future annual report noti	fication)
For further information cos	ncerning this matter, please ca	ıll:	
Anthony D (Name of	Buffer Jn. Person	at (904) 358. Area Code Daytime	88 24 e Telephone Number
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)

TO:

Registration Section

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

Anthony B TRUCKING	n Service	ollc	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on o d Liability Company)	ur records.)	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on OH II POB and assigned ida document number La3000 78476. If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC" er new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) If amending address, if applicable: It is a mending address, if applicable: It is a mending the registered agent and/or registered office address on our records, enter the name of the new registered			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designat	tion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			<u></u>
(Principal office address MUST BE A STREET ADDRESS)		÷.	<u> </u>
			2
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			ω
			G Total
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record	ls, <u>enter the name</u>	of the new registered
No. (N. D. C. LA			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	vet address	
		, Florida	
The Articles of Organization for this Limited Liability Company were filed on 04 11 2023 and Florida document number	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Anthony DButter Jr	Dacksonville FL 32221	🗹 Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
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			□Change
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			🗆 Remove
			□Change
			□Add
			□Remove
			□ Channa

Ne	red to add my name Anthony D Dutler In	
10	Authorized Person (S) Detail to open a Business	
, k	Count.	
<u> </u>		
		
		
an effective <u>fote:</u> If the	late, if other than the date of filing:	
record spe I is tiled.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated	4/24/23.	
_	Signature of a member or authorized representative of a member	
	Anthony Butler Typed or printed name of signee	

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Filing Fee: \$25.00