L23000222620

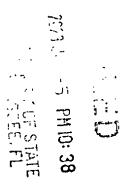
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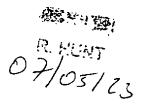




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COVER LETTER

TO:	Registration Section > 5 Division of Corporations		٠
SUBJE	Tap Truck Big Bend, LLC Name of Limited Liability Company	ι-	
The end	sed Articles of Amendment and fee(s) are submitted for filing.		
Please 1	urn all correspondence concerning this matter to the following:		
	Britni Pinson Name of Person		
	Firm/Company		
	2200 Prosser Drive	ņ	••3
	Tallahassee, FL 32310 City/State and Zip Code Tap Truck Tally @ gmail.com E-mail address: (to be used for future annual report notification)	· • • • • • • • • • • • • • • • • • • •	
	E-mail address: (to be used for future annual report notification)	်က် ကြက် ကြတ်	5 PH IO: 38
For furt	r information concerning this matter, please call:	STAT	D: 38
<i>Ī</i>	Name of Person at (229) 881-5135 Area Code Daytime Telephone Number	<u></u>	ند د
Enclose	is a check for the following amount:		
G \$25	O Filing Fee Saloo Fili	of Status opy	
	Failing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations		
	Division of Corporations Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TapTruck Big	Bend	LLC			
(Name of the Limited Liability Comps (A Florida Limited	any as it now appear: Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000222620</u>	were filed on	5 5 2023)aı	nd assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company he	<u>re</u> :			
Tap Truck Tally LLC The new name must be distinguishable and contain the words "Limited Liabi					
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the de	esignation "LLC" or the a	bbreviati	ion "Ll.	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)				7.3 7.3 9	
			<u></u>	<u>. </u>	
				ປ່າ	-
Enter new mailing address, if applicable:			(T) (S)		CTUANA
(Mailing address MAY BE A POST OFFICE BOX)			بن اجا 	_ <u></u>	
			<u>~~~~</u>	ယွ_	·····
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the nar</u>	ne of th	ie new	<u>registere</u>
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flori	ida street address			
		Florida			
	City		Zip	Code	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as plain filed to merely reflect a change in the registered office company has been notified in writing of this change	performance of i provided for in C	my duties, and I am hapter 605, F.S. Or	familia , if this	ar with docum	and nent is

If Changing Registered Agent, Signature of New Registered Agent

MGR = N AMBR = A	lanager .uthorized Member		
<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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			□Add
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Change

Page 2 of 3

f amending any other information, enter change(s) here: (Attach addit	, , , , , , , , , , , , , , , , , , ,	
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ffective date, if other than the date of filing:	'	် ဆို
an effective date is listed, the date must be specific and cannot be prior to date of filing or r sote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	more than 90 days after filing.) Pur	suant to 605.02 not be listed
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on	the earlier
But Di		
Buth		
Signature of a member or authorized representative	e of a member	

Page 3 of 3

Filing Fee: \$25.00