

L23000252310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

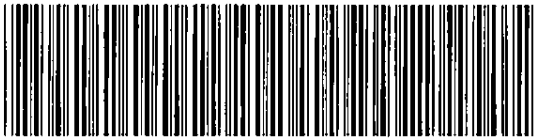
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cluckin & Truckin, 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:

Stephanie K Durrance

Name of Person

Cluckin & Truckin, LLC

Firm/Company

167 SE MEgan Glen

Address

Lake City, FL 32025

City/State and Zip Code

stephaniedurrance@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie K Durrance 386 466-5285

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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**

Cluckin & Truckin, LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 23, 2023 and assigned
Florida document number L23000252310.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

167 SE Megan Glen

Lake City, FL 32025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

167 SE Megan Glen

Lake City, FL 32025

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:

Stephanie K Durrance

New Registered Office Address:

167 SE Megan Glen

Enter Florida street address

Lake City

City

Florida 32025

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>	<u>Type of Action</u>
MGR	Benjamin D Scott	430 NW Country Lake Dr	<input type="checkbox"/> Add
		Lake City, FL 32055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jonathan Frazier	1176 SE Inglewood Ave	<input type="checkbox"/> Add
		Lake City, FL 32025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cameron L Scott	430 NW Country Lake Dr	<input type="checkbox"/> Add
		Lake City, FL 32055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Holly A Frazier	1176 SE Inglewood Ave	<input type="checkbox"/> Add
		Lake City, FL 32025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephanie K Durrance	167 SE Megan Glen	<input checked="" type="checkbox"/> Add
		Lake City, FL 32025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	James M Durrance	302 SW Creekside Ln	<input checked="" type="checkbox"/> Add
		Lake City, FL 32024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Stephanie Demare
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00