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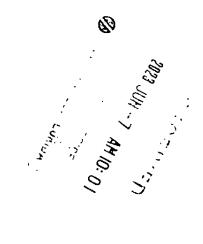
	(Requestor's Name)
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PICK-UP	WAIT MAIL
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	(Danisant Nicobas)
	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions to	Eiling Officer:
Opecial instructions to	Triving Officer.
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Division of Corp	porations		
SUBJECT: <u> </u>	- G Sames Name of Limi	Trucking Lited Liability Company	LC_
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Myron (	1 - Same S Name of Person	Sr.
		Firm/Company	
	39 Sappr	rice way	
	Ocala	City/State and Zip Code	172
	James myron 1:-mail address: (1)	20 9 VCh00- Cor	fication)
For further information co	oncerning this matter, please ca	all:	
Myron C Name of	JGMES Person	at (352) 780 Area Code Daytin	7-514) ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Co	rporations Fallahassee
Tallahassee, F	'L 32314	Z415 IN, Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

er address, Florida
SECRETALLY OF SHATE  center the name of the new registered
FILED  2028 JUN - 7 AM 10: 12  SEDECIALLY OF STATE TALLASSEE, FL
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on "LLC" or the abbreviation "L.L.C."
on "LLC" or the abbreviation "L.L.C."
-30 - 23 and assigned
r records.)

## 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 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
			□Remove
			□Change
			□Change
			□Add
			□Remove
			□Change
			□ Remove
			□Remove
		Change	
			□Remove
			□Chapue

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	<del></del>
(If an eff	ive date, if other than the date of filing:
the recor	d 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 led.
Dated	6-7-2023
	Signature of a member or authorized representative of a member
	Myon a. James Typed or printed name of signee