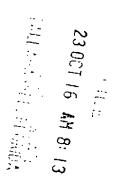
# 

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sacrisso Zimi, Name,				
(Document Number)				
Certified Copies Certificates of Status				
Consideration to Filips Officer				
Special Instructions to Filing Officer:				
J. HORNE				
OCT 2 5 2023				
0012 0 2023				





10/16/23--01011--028 \*\*25.00



## **COVER LETTER**

TO;	Registration Section Division of Corporations
SUBJI	ECT: AAA CYN Shippy LLU Name-A Limited Liability Company
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Heather Coulter Name of Person
	AAA Crushing LLC Firm/Company
	1905 SWIITH Ct Address
	Ft. Laudhr Male, FL 33312  City/State and Zip Code  Mather @ aaacrushing. Com  E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
_()	Ohn Coulter at (501) 424 - U159  Name of Person Area Code Daytime Telephone Number
	sed is a check for the following amount:
XIs:	25.00 Filing Fee Solution Solution Status Solution Status Solution Solution Status Solution Status Solution Status Solution Solution Status So

### 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**

ARTICLES OF A TO ARTICLES OF O	)
OI	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L230002919</u> 7	vere filed on <u>JUNE 110, 2023</u> and assigned 7
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

## 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.

City

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		-	□Change
		<del></del>	□Add
			□Remove
		·	□Change
			□ Add
		·	□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove

If amending any oth	er information, enter change(s) here: (Attach ad	dditional sheets, if necessary.)
Dwner	-96 chanae	
Curre	nt - Heather Coulte	er 50%
	John Coulter	30%
-	Mel Veccia	10%
	Sief Abu MARK	10%
	O'CI TIVILLION	10 10
Please	change to-	
	Heatvoer Coulter	(e0°/0
<del></del>	John Coulter	20%
<del></del>	Unti Vienia	10%
	Stef Alaylaber	10%
	OICI TODOUVI	10 10
		<del></del>
<del></del>		
ffective date, if oth	er than the date of filing:	(optional)
fan offective date is lister	I, the date must be specific and cannot be prior to date of filing ted in this block does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605,0207 (3)
locument's effective d	ate on the Department of State's records.	
record specifies a dela	ayed effective date, but not an effective time, at 12:01 a	a man the earlier of (b). The 90th day after the
d is filed.	,	and the earlier of the Annual and the
Dated OCT (0	1 2023	
smed OLST US		
	Signature of a member or authorized represent	sauve of a member
	John Coller Typed or printed name of sign	nee .