123000406318

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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COVER LETTER

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ΓΟ: Registration Se Division of Cor			·
· · · · · · · · · · · · · · · · · · ·	Fede T	ucking LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Lexi King	
		Name of Person	
	Ne	ew Business Filing]
		Firm/Company	
	8170 V	Vashington Village	e Dr
		Address	
	Day	yton, Ohio 45458	
		City/State and Zip Code	
		newbusinessfilin	
		to be used for future annual report not	meattony
For further information of	concerning this matter, please co	all:	
Lexi	i King	at (888) 701-6	450
	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
■ \$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fede	e Tucking LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L23000406318</u>	Company were filed on08/2	29/2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim Fede Trucking LLC	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		2023.051
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u></u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		, Florida
	City	Zip Coxle

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>	Address	Type of Action
			□Add
			Remove
			□Add
			□Remove
			Change
			\ _Add
			□ Remove
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ective d	ate. if other t	han the date of fil	ine:		(6	ptional)	
n effective	date is listed, the	date must be specific a in this block does no	and cannot be prior	to date of filing or a	more than 90 days	after filing.) Pursu	ant to 605.0207 of be listed as
cument's	effective date	on the Department o	f State's records.	ione statement in i	5 . • • • • • • • • • • • • • • • • •	, <u></u>	
ecord spe is filed.	cifies a delayed	deffective date, but r	ot an effective ti	me, at 12:01 a.m.	on the earlier o	f: (b) The 90th	day after the
ted	Octol	ber 6	2023	<u></u> .			
		ber 6 Jun Jedo	Α	MBR			
_			a member or autho		e of a member		