L23000495773

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COVER LETTER

Division of Corporations	
SUBJECT: GRAND HAUL TRUCKING 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:	2023 NOV 27 AM JERNATINENT OF DEVISION OF CORPO TALLAHASSEELFE
NORBERTO IRIZAR Name of Person	QY 100-100-100-100-100-100-100-100-100-100
GRAND HAUL TRUCKIN	JG
15226 NW 150th AVE A	APT 1055_
AIACHUA, FLORIDA 37	2615
Grand Hay Trucking @ Gmail E-mail address: (to be used to future annual report	notification)
For further information concerning this matter, please call:	
	<u>6 - 2508</u> ytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address Registration	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

2023 NOV 27 AH 8: 03	
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The Articles of Organization for this Limited Liability Company were filed on $O(1.3)^{st}$ 2023 and assigned Florida document number L23000495773 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: NORBERTO IRIZARRY III Name of New Registered Agent: New Registered Office 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.

If Changing Registered Agent, Signature of New Registered Agent

ALACHUA , Florida 37615 Zip Code

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>	Name	Address	Type of Action
MGR	NORBERTO TRIZARRY III	15226 NW.150 ¹⁹ AVE	□ Add
	·	APT 1055	□ Remove
		ALACHUA, FL 32615	🖫 🖫 Change
			□Add
			□Remove
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Filing Fee: \$25.00