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(	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
<del></del> (	Business Entity Name)	
(	Document Number)	
Certified Copies	. Certificates of	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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# **COVER LETTER**

Division of Corp	porations				
SUBJECT:	Name of Limi	King L-L-C			
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:			
	186 N Pensaco	Name of Person  Trucking L-L  Firm/Company  Palafox Structure  Address  Address  City/State and Zip Code	<u>eet</u>	2024 APR - 1 PH 12: 53 SECRETARY OF STATE	
Var further information of	E-mail address: (i	COCIA B VAHOO. COM to be used for future annual report notically	fication)		
		at (OO)	2 8848 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)	Certified C	of Status &	

Registration Section

TO:

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

Moore Trucking	ny as it now appears on our records.)
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000037754</u> .	were filed on January 19 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Moore Enterprise 4-46 The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	186 N Palafox Street
(Principal office address MUST BE A STREET ADDRESS)	Pensacola FL 32 50 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Pensacola FL 35500
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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 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 Title Name Address Type of Action □Remove \_\_... □ Add □Remove Change PRemoved 2: 5 Change \_\_\_\_\_\_ □Add □Add \_\_\_\_ Change \_\_\_\_\_ 🗀 Add \_\_\_\_\_ □Remove

☐ Change

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an effective date is list ote: If the date inse	her than the date o ed, the date must be spec- erted in this block doe date on the Departme	rific and cannot be pri es not meet the appl	icable statutory fili	nore than 90 days af		
record specifies a de is filed.	clayed effective date, t	but not an effective	time, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
med April	124	. 202 W	<u>4</u> .			
	Vata Signatu	re of a member or au	horized representative	e of a member		_

Filing Fee: \$25.00