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To:		
	Division of Cor	rporations
	Fax Number	: (850)617-6383
From:		
	Account Name	: LEGALZOOM.COM INC.
	Account Number	: 123010000052
	Phone	. (323)962-8600

: (323)339-8502 Enter the email address for this business entity to be used for future that annual report mailings. Enter only one email address please.**

1	-	Email Address:	
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COVER LETTER

TO: Registration S Division of Co				
STACEY'SUBJECT:	S TRUCKING LLC			
Jobote 1.	Name of Lim	ited Liability Company	·	
	f Amendment and fee(s) are sub ondence concerning this matter	•		
	Cheyenne Moseley			
		Name of Person		
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	Glendale, CA 91203			2024 AUG 21 PH 3: 25 Secretary of State Ali ahassee, florio
•	stacey37763@yahoo.com	City/State and Zip Code		ē [™] 25
	E-mail address: (to be used for future annual report not	fication)	
For further information of	concerning this matter, please co	ill:		
Cheyenne Moseley		800 773-0888		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	
	ING ADDRESS:	STREET/COURI		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STACEY'S TRUCKING LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records fied Liability Company)	
The Articles of Organization for this Limited Liability Comp	nany were filed on 03/18/2024	and assigned
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 "I imited I	Jability 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	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		SSE 2
(Mailing address MAY BE A POST OFFICE BOX)		77 PR
Tradition Section 1997		S
		<u></u> 0m 20
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records here:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	s
	CI.	orida
<u></u>	City	orida <u>λφ Code</u>

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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:

13236068205

MGR = Manager AMBR = Authorized Member

Τσ

Title	Name	Address	Type of Action
AMBR	Stacey Burton	2514 Redford Dr., Cantonment, FL 32533	■ Add
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Effecti	ve date, if other than the date of filing: (optional) cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu	ant to 611	5 0267 (3)	(5)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date with no	ot be list	ed as the	:
docum	ent's effective date on the Department of State's records.			
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th	e ear!i	er of:	
) The	90th day after the record is filed.			
Dated	August 8 . 2024.			
	August 8 . 2024. Stacey Button Signature of a member or authorized representative of a member			
	Stacey Burton Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00