## L24000200041

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PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
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## **COVER LETTER**

\*TO: Registration Section

Division of Cor	porations			
SUBJECT:	Florid	a Truck Supply		
SUBJECT,		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Justin Hendey		
		Name of Person		
		Florida truck Ju.	pply	
	3700	SW Marlin Rd Address		
	Ь	innellan FL 3443	I	
		City/State and Zip Code		
	Flor	idatrucksupplye	gmail.com	
			report notification)	
For further information c	oncerning this matter, please c	all:		
7 131	tin Hend cy f Person	at ( <u>عمد)</u>	415 9715	<del>_</del>
Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enc	Certificate (losed) Certified C	of Status &
Mailing Addres		Street Ag		
Registration S		Registration Section		
Division of C P.O. Box 632	-	Division of Corporations The Centre of Tallahassee		
Tallahassee, 1		2415 N. Monroe Street, Suite 810		0
		Tallahassee, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida	Truck Su	LODIY	212
(Name of the Limited	d Liability Company as it now a A Florida Limited Liability Comp	pany)	2024 HAY 10 PH 1: 59
The Articles of Organization for this Limited Lia	bility Company were filed o	on	and assigned TE
Florida document number			
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability compa	ny here:	
The new name must be distinguishable and contain the wo	ad at fact of Linking Comments	"the decisional or all C"	and a subhamiliari of 1 C "
-		the designation 1.1.C o	r the appreviation   L.L.C.
Enter new principal offices address, if applica	<del></del>		
(Principal office address MUST BE A STREET	ADDRESS)		
	<del></del>		<del></del>
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>		<del></del>
B. If amending the registered agent and/or reagent and/or the new registered office address		our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	Justin	Hendey	
New Registered Office Address:	<del></del>		
	t:nt	r Florida street address	
	City	Flori	da 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	Justin Hendey	3900 SW Marlin Rd	<b>√</b> /\dd
	•	Dunnellon, FC 34431	□Remove
			□Change
			🗆 🔿 dd
			□Remove
			□Change
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			□ Channa

D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
<del></del>	
	· · · · · · · · · · · · · · · · · · ·
(If an effective d <u>Note:</u> If the o	te, if other than the date of filing:
If the record speci record is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 10th 2024. Lithur
_	Signature of a member of authorized representative of a member
	Kiana Hendey
	Typed or printed name of signee