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(Business Entity Name)	
(Document Number)	·
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PACE FEE

COVER LETTER

Division of Cor				
	Hatche	and Timete 110		
SUBJECT:	Name of Lim	send Trucking LLC		
	Name of Lim	aced Claumity Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo-	ndence concerning this matter	to the following:		
	Sia	h Wiley Name of Person		
	Hateh	Bend Trucking LLC Firm/Company		
	5031 214.	Load SSO FULLY Clear	ucto F1 33759	
		foad 590 FULY Clear	<u> </u>	
	Clearwatery F	City/State and Zip Code		
		City/State and Zip Code	.	
	Hatchbert	rucking UCG OVILOOK 10 to be used for future annual report not	(m)	
			meation)	
For further information co	oncerning this matter, please c	all:		
·	\ - \	at () Area Code Daytin		
Name of	F Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Corporations		
P.O. Box 632	7	The Centre of	Fallahassee	
Tallahassee, f	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hatch Bend Tru (Name of the Limited Liabil (A Florid	ity Company as it now appears of a Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability (Florida document number <u>L 24000 284 75 2</u>		21 = -2024 and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here	:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desig	gnation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	7A.7.	· ————————————————————————————————————
		DE 16	
Enter new mailing address, if applicable:		Sign B	
(Mailing address MAY BE A POST OFFICE BOX)		등 0 건설 건설	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our reco	ords, <u>enter the name of the n</u>	ew 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 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>	Address	Type of Action
AMBR	1siah Wiley	3021 State Road 590 #424	BAdd
		302) State Row 590 #424 Clearwater, FL 33759	□Remove
			☐ Change
		·	□Add
			□Remove
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	<u>sll@outlook</u>			
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tive date, if other than the ffective date is listed, the date in this	nust be specific and canno block does not meet th	t be prior to date of filing te applicable statutor	g or more than 90 days	optional) after filing.) Pursuant to 605 , this date will not be liste
ment's effective date on the	Department of State's	records.		
ord specifies a delayed effect filed.	tive date, but not an eff	fective time, at 12:01	a.m. on the earlier o	f: (b) The 90th day after
July 16 Sial	, 20	120		

. . .

Filing Fee: \$25.00