L24000388674

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L L C Amena



A. RAMSEY OCT 152074

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: International Box Truck Hawters LLC 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:
Deante R. James Name of Person
International Box Fruck Hanters LL
2233 24th St Address
Sarasota, Florda 34234 City/State and Zip Code Deonte James 970 gmail. Com E-mail address: (to be used for tuture annual report notification)
E-mail address: (to be used for titure annual report notification)
For further information concerning this matter, please call:
Deonte R. James at (241) 879-7186 Name of Person Area Code Daytime Telephone Number
Anne of reason
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF 2024 BCT - 1 PM 12 5

Interactional Box Truck Hauters ILCAY (Name of the Limited Liability Company as it now appears on our records): Trops (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	iv were filed on	05/2024 and assigned
Florida document number <u>L2400388674</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Link	bility Company," the designa	tion "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 agent and/or the new registered office address here:	e address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	vet 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Mbr</u>	Ja' Quan M. Johnson	2820 North Brange ave	□Add
		Sarasota, Florida, 34234	Remove
			□Change
			□Add
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an effectiv <u>lote:</u> If th	date, if other than the date is listed, the date inserted in this is effective date on the	nust be specific an block does not	nd cannot be prior meet the applic	able statutory fil	more than 90 days	optional) after filing.) Pursual s, this date will not	ni to 605,0207 i be listed as t
record sp Lis filed.	occifies a delayed effec	tive date, but no	ot an effective ti	me, at 12:01 a.n	n, on the earlier o	of: (b) The 90th c	ay after the
ated	<u>September</u>	24th	2024	·			
	Deante	1 Dema	<u> </u>				
		Signature of a	member or author	orized representati	ve of a member		
		1.1	.——				

Filing Fee: \$25.00