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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROLLIN' R TRUCKING LLC

Certificate of Status	0	
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T. LEMEUX

AUG 23 2023

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Name of limited liability Company as it appea	is on the records of the Florida Department of	
State: Rollin' R Trucking LLC	· 	
Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	707 Mendham Blvd	
	104	
	Orlando FL 32825	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10775 Central Port Dr	
	200	
	Orlando FL 32824	
2. The Florida document number of this limited lia	ability company is: M2000000996	
Jurisdiction of its organization:     Florida		
4. Date authorized to do business in Florida: 01.1	3 2020	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: _	st contain "Limited Liability Company, ""L.L.C.," or "LL.C.")	
(mis	st contain "Limited Liability Company, ""L.L. C., " or "L.L.C.) (	
	d for the purpose of transacting business in Fiorida and attacha maging members adopting the alternate name. The alternate-name	
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new ddress here:	
Name of New Registered Agent: Registered Agen	nts Inc	
New Registered Office Address. 7901 4th St N S	TE 300	
61	Enter Florida Street Address	
<u> </u>	Petersburg Florida 33702  City Zip Code	
the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of th	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited	

. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:				
tle! Capacity	Name	<u>Address</u>	Type of Action	
			∐Add	
			LJRemo	
<u></u>			□Add	
			□Remo	
			□Add	
			□Add	
			□Remo	
aforementioned amo	endment(s), duly authentical le law of which this entity is		□Remo	
	12.64	re of the authorized representative		