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COVER LETTER

TO:

Registration Section

Divisio	on of Corp	porations			
EI SUBJECT:	DGAR LU	INA TRUCKING LLC			
SOBJECT:	_	Name of Lim	ned Liability Company	. 	
		Amendment and fee(s) are sub-			
		EDUARDO EUGENIO LU	JNA JORGE		
			Name of Person		
		EDGAR LUNA TRUCKIN	NG LLC		
			Firm/Company		ii ii
		5656 ALBERT ROAD WE	EST PALM		777. TH 22 PH
			Address		# 22 P
	WEST PALM BEACH FL 33415				
		eduardolunavane@yahoo.cc	City/State and Zip Code		ယ္ က
		E-mail address: (to be used for future annual report not	ification)	
For further info	rmation c	oncerning this matter, please ca	all:		
EDUARDO E	UGENIO I	LUNA JORGE	561 513-7978 at ()		
	Name o	f Person		ne Telephone Number	
Enclosed is a cl	heck for th	ne following amount:			
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy is en	tus &
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpe Clifton Building 2661 Executive C Tailahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDGAR LUNA TRUCKING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/19/2019}{}$ ____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ELI TRUCKING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing: telfective date is listed, the date must be specific and cannot be prior to	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the applicablument's effective date on the Department of State's records.	ple statutory filing requirements, this date will not be listed a
union 8 effective date on the Department of State 8 records.	
record specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the earlier
the 90th day after the record is filed.	an effective time, at 12.01 dim on the earner
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Typed or printed name of signee

Filing Fee: \$25.00