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COVER LETTER

TO: Registration Sc Division of Cor			
SUBJECT: Pa	1d 4 Trucking	LLC.	
	Name of Lin	ided Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bryan Thorn	Name of Person	
		Firm/Company	
	2107 Davenpo	rt Rd.	
	Mariania, Fl. Paid 4 Trucking	Address Address 39448 City/State and Zip Code LLC anal. Com b be used for Jature annual report notif	lication)
For further information c	ر oncerning this matter, please c		
Bryan Thor	Hon f Person	at (<u>727</u>) <u>648 - 7</u>	736
		, new code tou, tous	
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 enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	s:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paid 4 True	CKing LLC	sit now appears on o	ur records.)			
(\lambda	Liability Company as Florida Limited Liabil	ily Company)				
The Articles of Organization for this Limited Liabi Florida document number <u>L2000004995</u>	ility Company wer	e filed on <u>Febu</u>	ary 10, 202	<u>Ø</u> a	nd assi	gned
This amendment is submitted to amend the following	ing:		•			
A. If amending name, enter the new name of th	e limited liability	company here:				
The new name must be distinguishable and contain the word	s "Limited Liability C	ompany," the designa	tion "LLC" or the	abbreviat	ion "L.I	C."
Enter new principal offices address, if applicable	e:					
(Principal office address MUST BE A STREET)	1DDRESS)					
	_					
Enter new mailing address, if applicable:	_					
(Mailing address MAY BE A POST OFFICE BO	<u></u>					
				<u> </u>	2020	
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ess on our record	s, <u>enter the na</u>	me of th	he new	registered
					Ē,:	11:
Name of New Registered Agent:					<u>ر.</u> ،	
New Registered Office Address:				7.	7د	
new registered office radicess.		Enter Florida str	eet 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 Type of Action Address Title Name North Redington Beach, FL 3376 Remove AR Corey Thornton _____ Change 2107 Daverpott Rd. Mad Bryan Thornton Marigue, Fl. 32448 Remove _____ Change □Remove □ Change □Change □Add □Remove

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ective date, if o	ther than the date of	filine:		_ (optional)	
reffective date is li:	ated, the date must be spec	ific and cannot be prior to da	e of filing or more than 90 d	ays after filing.) Pursuant to	
	eried in this block doe: edate on the Departme	s not meet the applicable : nt of State's records.	statutory thing requireme	ents, this date will not be	usted as
	lelayed effective date, b	out not an effective time, a	t 12:04 a.m. on the earlie	er of: (b) The 90th day a	after the
s filed.					
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	Roman	May Los			
		e of a member or authorized	representative of a member	-	_
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	Bryan	Itor MESI			