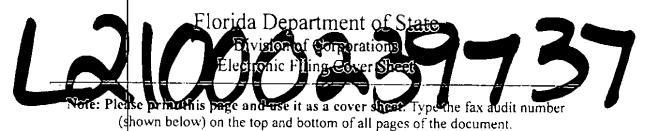
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 Phone : (302)674-4089

Fax Number : (302)674-5266

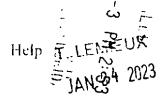
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

dan@scarib.com Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BST TRUCK, LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION: OF

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' BST TRUCK,	LLC				ð
<del></del>	(Name of the Limited Liability Compan (A Florida Limited L.	y as it now appears on our recordability Company)	<u>ds.</u> )		
The Articles of Organization Florida document number 1	for this Limited Liability Company v			and assign	ned
This amendment is submitted	-				
A. If amending name, ente	r the new name of the limited liabil	ity company here:			
SCARIB LLC					
The new name must be distinguish	able and contain the words "Limited Liabilit	y Company," the designation "LLC	or the abbrevi	ation "L.L.C	
Enter new principal offices	address, if applicable:				
(Principal office address M	<u>UST BE A STREET ADDRESS)</u>				
Enter new mailing address.	if applicable:				
(Mailing address MAY BE A	POST OFFICE BOX)	dan@scarib.com	<del>.</del>		
B. If amending the register agent and/or the new regist	ed agent and/or registered office ad ered office address here:	dress on our records, <u>enter</u>	the name of	the new re	egistered
Name of New Regi	stered Agent:	···	·ā.		
New Registered Of	fice Address:			202	
		Enter Florida street addres. , Flo	s .	S JAN	_
		City	· Zi	p Code's	<u>-</u>
	ture, if changing Registered Agent:				<u>C</u> .
provisions of all statutes re accept the obligations of m	ment as registered agent and agree lative to the proper and complete po y position as registered agent as pro a change in the registered office ac in writing of this change.	erformance of my duties, an ovided for in Chapter 605, i	id I am <mark>fa</mark> mil F.S. Or, if thi	iarwith a is <b>doc</b> ume	nd
	1f Changi	ng Registered Agent, <u>Signature o</u>	f New Registers	d Agent	_

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If amending Authorized P	rson(s) authorized	to manage,	enter the title,	name, and	address of each	person	being adde	d
or removed from our recor	<u>:ds</u> :			<del>-</del>				

MGR = M $AMBR = A$	lanager Authorized Men	ber		
<u>Title</u>	<u>Name</u>		Address	Type of Action
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				□Remove
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D. If amending any oth	er information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the date inserte	r than the date of filing:
If the record specifies a delay record is filed.	red effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	Signature of a member or authorized representative of a member
raktet eu	
DANIEL SW	Typed or printed name of signee
	1 ) beg of bitines traine of 2/kines

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