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JUN 2 4 2022 S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporati	ons	,
SUBJECT: Next L	erel Trucking and Lagi	stics LLC
SUBJECT: VOTT	Name of Limited Liability Company	
The enclosed Articles of Amen	dment and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matter to the following:	
	Tommy Leather Name of Person	
	Name of Person	
		<u> </u>
	Firm/Company	
	2505 Hall St Address	
	Schring FL 3387 City/State and Zip Code Ton 954 tom @ gmail. cor E-mail address: (to be used for future annua	·)
	City/State and Zip Code	د
_	E-mail address: (to be used for future annua	\(\sigma\) report notification)
For further information concern		
	1	178 1100
Name of Perso	at (95%)	Daytime Telephone Number
Enclosed is a check for the following	owing amount:	
S \$25.00 Filing Fee □	\$30.00 Filing Fee & S55.00 Filing Fee	: & □ \$60,00 Filing Fee,
·	Certificate of Status Certified Copy (additional copy is et	Certificate of Status & Certified Copy
		(additional copy is enclosed)
Mailing Address:		Address:
Registration Section	_	ration Section
Division of Corpor P.O. Box 6327		on of Corporations entre of Tallahassee
Tallahassee, FL 32		N. Monroe Street, Suite 810
	Tallah	assee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Next Level	Trucking and Lug	istias LLCz ~
(Name of the Limited (A	Liability Company as it now appears on o Florida Limited Liability Company)	our records.)
Next Lext (Name of the Limited (A) The Articles of Organization for this Limited Liab Florida document number L2100(0503) This amendment is submitted to amend the follow A. If amending name, enter the new name of the	fility Company were filed on $\frac{1}{005}$.	AND
A. If amending name, enter the new name of th	ne limited liability company here:	37 IDA
Moving Weight Tra		ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
- W W W W		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	, , , , , , , , , , , , , , , , , , ,	
B. If amending the registered agent and/or reg agent and/or the new registered office address i		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida st	reet address
		, Florida Zip Code
	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 Changing Registered Agent, Signature of New Registered Agent

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
			□Add
			□Remove
			Change
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