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(A	ddress)	
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(C	ity/State/Zip/Phone #)	
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COVER LETTER

Registration Section Division of Corporations

TO:

1430BAM, SUBJECT:	LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Demetrius Anthony Brance	a	
	·	Name of Person	
	1430BAM, LLC		
		Firm/Company	
	1430 S Monroe Street		
		Address	
	Tallahassee FL 32301		
		City/State and Zip Code	
	Demetrius@americantrucko	·	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Demetrius Anthony Branca		850 339-8213 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
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 Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1430BAM, 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 $\frac{04/01/2021}{1}$ _____ and assigned Florida document number L21000144891 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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.

If Changing Registered Agent, Signature of New Registered Agent

____, Florida ___

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>	Name	Address	Type of Action
MGR	BANDANA ARMY MGT, LLC	815 Voncile Ave	
		Tallahassee FL 32303	■Remove
			Change
MGR	Demetrius Anthony Branca	815 Voncile Ave	■Add
		Tallahassee FL 32303	□Remove
			□ Change
			□Add
			Remove
			Remove
			Change
			□Add
			Remove
			Change
			
			□ Remove
			□Change

				
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	<u> </u>			
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			, to	
Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this be document's effective date on the D	st be specific and cannot be prid lock does not meet the appli	icable statutory filing requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	605.0207 (listed as t
record specifies a delayed effective is filed.	e date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day a	ifter the
	2021			
Dated April 9	· ·	·		
Dated April 9	noma	·		
Dated April 9	Signature of a member or aut	horized representative of a m	ember	