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COVER LETTER

TO: Registration 9 Division of Co			
CLIBACTOR	JCKING LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	MABEL LASERNA		
		Name of Person	
	MANGLE TRANSPORT	SERVICES LLC	
		Firm/Company	
	11055 SW 186 ST SUITE	103	
		Address	
	MIAMI FL 33157		
		City/State and Zip Code	
	PERMITS@MANGLETRA E-mail address: (ANSPORT.COM to be used for future annual report notific.	ation)
For further information	concerning this matter, please c	·	
MABEL LASERNA		305 907-1210	
Name	of Person	Area Code Daytime T	Celephone Number
Enclosed is a check for	the 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 Addre Registration		<u>Street Address:</u> Registration Secti Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

GRP TRUCKING LLC

22 APR -5 PM 3: 46

(<u>Name of the Limited Liability C</u> (A Florida Lim	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Comp.	npany were filed on $\frac{02/02/2022}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	<u> </u>
•	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u></u>	, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RAMON B. RAMIREZ	12641 NW 7TH LN MIAMI, FL 33182	■ Add
			□Remove
			Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
_			□Add
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			□Change
			□ Add
			□Remove
			□Change

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		-	
ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the December 1.	st be specific and cannot be prior to ock does not meet the applicable	date of filing or more than 90 days after filing le statutory filing requirements, this days	ng.) Pursuant to 605.0207 (
record specifies a delayed effectiv Lis filed.	e date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
MARCH 4	2022		
		•	
(K)	What !	yed representative of a member	

Typed or printed name of signee