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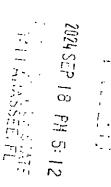
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

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TO: Registration Se Division of Cor			
	CKING GROUP LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	J=12=my	SCI-I WARZ Name of Person	
		Firm/Company	
	2931 RISI	NG STAR DR Address	
	DIAMOND BAR	CA 91765 City/State and Zip Code	
	E-mail address: ()	to be used for future annual report noti	
	oncerning this matter, please ca		1.75
Vame o	f Person	at (<u>LZL</u>) <u>L/SC-</u> 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 radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Se	
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	•
Tallahassee, I	FL 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & J TRUCKING GROUP LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our record la Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 06/18/2008	and assigned
Florida document number 1.08000060040	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
C & J TRUCKING AND CONSTRUCTION GROUP LLC	2	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		- 24 · S
Principal office address MUST BE A STREET ADD	RESS)	
		ž.
		<u> </u>
Enter new mailing address, if applicable:		The contract of
Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	SS
	121	lorida
	, F1	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
			🗀 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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•	
•	
(If an ef Note:	ive date, if other than the date of filing:
the recordecord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	September 12. 2024.
	Signature of a member or authorized representative of a member
	Charles Rivers Typed or printed name of signee

. . .