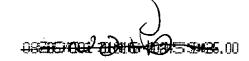
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COVER LETTER

Division of Corporations .			
SUBJECT: COAST TO COAST Transporting LLC (Name of Limited Liability Company)			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Timothy Crouch (Name of Person)			
COOST TO COOST TRAWSPORTING LLC (Firm/Company)			
2401 SW Fingus Ave			
Port St. Lucie, FL 34953 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Timothy Crovch at (51d) 500 - 0373 (Name/of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee & Status \$25.00 Filing Fee & Status \$25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTÍCLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on July 15, 2008 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2401 SW Angus Ave	
(Principal office address MUST BE A STREET ADDRESS)	PORT ST. LUCIE, FL 34953	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2401 SW Angus Ave. PORT ST. LUCTE, FL 34953	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		
Name of New Registered Agent:	mo a sti	
New Registered Office Address:	(Enter Florida street address)	
	, Florida	
	(City) (Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

Λ

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Name Address Type of Action ☐ Add Remove Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00