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COVER LETTER

	tration Sec ion of Corp			
SUBJECT:	All	ied Trucking of Central Flor	ida, LLC	202
_		Name of Lim	nited Liability Company	2023 OCT 13
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.	13 · PH
Please return al	ll correspon	dence concerning this matter	to the following:	-: 2
		Daniel Merir	10	2
			Name of Person	
		Allied Truc	king of Central Florida, LLC	
			Firm/Company	
		10761 1	NW 89th Avenue	
		-	Address	
		Hialcah	Gardens, FL 33018	
			City/State and Zip Code	
		-	alliedtk.com to be used for future annual report	notification)
For further info	ormation cor	ncerning this matter, please co		
Alejandro Cusco		at (305)	699-9312	
	Name of I	Person	Area Code Da	ytime Telephone Number
Enclosed is a cl	heck for the	following amount:		
■ \$25.00 Fili	ng 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 Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allied Trucking	of Central Florida, LLC		- P 1 +
	Liability Company as it now appears	on our records)	
(A)	Florida Limited Liability Company)	i wii wai Tee oras.	22
			10
The Articles of Organization for this Limited Liab	oility Company were filed on	June 24, 2013	and assigned
Florida document numberL13000090691	·		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company he	<u>re</u> :	
The new and by distinction by the state of t	London State Community		
The new name must be distinguishable and contain the word	is Limited Liability Company, the de	signation "LLC" or the ab	previation "L.L.C.
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
	-		
Enter new mailing address, if applicable:			<u></u> _
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
		·	
B. If amonding the registered agent and/on veri	otourd office address as a second		ed to
B. If amending the registered agent and/or registered agent and/or the new registered office address h		cords, <u>enter the nam</u>	e of the new registered
agent and of the new registered office address i	ici c.		
Name of New Registered Agent:	Daniel Merino	. <u> </u>	
New Registered Office Address:	10761 NW 89th	Avenue	
	Enter Florie	la street address	
	Hialeah Gardens	Florida	33018

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.

City

7 Onl. 0

Zip Code

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
AMRR =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be e: If the date inserted in this block does not meet the a ument's effective date on the Department of State's reco	Diicable statutory filing	(optiona re than 90 days after fili requirements, this da	ol) ng.) Pursuant to 605.02 te will not be listed
cord specifies a delayed effective date, but not an effecti filed.	ve time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after t
Sept 18th 103	<u>3</u> .		