p.2

Division of Corporations

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## Florida Department of State

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(((H22000308850 3)))



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Division of Corporations

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2022 SF

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NL TRUCKING LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000308850

NL Truck		records )	<del></del>	
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	Jacob Wall		
The Articles of Organization for this Limited Liability Company Florida document numberL14000148961	were filed on Septer	nber 23, 2014	4 and ass	igned
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 "Limited Liab	oility Company," the designati	on "LLC" or the ab		LL.C."
Enter new principal offices address, if applicable:	2805 NW 87th Str	eet 📆	<b>2022</b> SEC	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33147		SEP SEP	
			<del></del>	
Enter new mailing address, if applicable:	2805 NW 87th Str	eet ::	`n 🗷	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33147	71:	- ·	
		ī	71 <del>4</del>	£1
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ecords, <u>enter</u> 1	the name	of the new
Name of New Registered Agent:				
New Registered Office Address: 2805 NW 87th Street  Enter Florida street address				
	Miami		3314	7
	City	, Florida	Zip Code	-
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dui provided for in Chapter	ies, and I am fa 605, F.S. Or, i	amiliar wit if this docu	th and iment is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

H22000308850

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Nicset Louisma	P.O. Box 547	□ Add
		Loughman, FL 33858	■ Remove
AMBR	Nicset Louisma	2805 NW 87th Street	Add
		Miami, FL 33147	Remove
			□ Remove
			☐ Remove
			☐ Remove
			□ Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)
	H2200030885
	<del></del>
Effective date, if other than the date of filing: (Operative date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 day the date this document is filed by the Florida Department of State)	<b>otional)</b> ys aft <del>er</del>
Dated September 7 , 2022	
Nicsel Lown MD Signature of a member or authorized representative of a member	
Nicset Louisma	
Typed or printed name of signee	<del></del>

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