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STATE OF Y AHII: 36

R. HUNT 04/04/27

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:) MOORE Tru	cleing LCC	
Dobbect.	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	emitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	JENNY L.	MODRE Name of Person	
	Authorized v	16 m bec Firm/Company	
	1142 58 BIS!	BRE Coop	
		Address	
	MADISON, 7	City/State and Zip Code	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	SDMOORE 196	(to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For further information co	ncerning this matter, please ca	all:	
JD MOORE		at (850) 673-9167 Area Code Daytime Telephone Nu	
Name of	Person	Area Code Daytime Telephone Nu	mber
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Mailing Address	=	Street Address: Registration Section	
Registration Se Division of Co		Division of Corporations	
P.O. Box 6327	-	The Centre of Tallahassee	
Tallahassee, F		2415 N. Monroe Street, Sui	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JP MOORE TRUCKING			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL14000150809.	were filed on June 1	6,2023	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 contain the words "Limited Liabil	lity Company," the designatio	n "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Fuer and describe and described and the second and			PR ST
Enter new mailing address, if applicable:		<u> </u>	C - 7
(Mailing address MAY BE A POST OFFICE BOX)		SE SPATE	Ď
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of	the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	t oddross	
	Bill Till Marsh		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·		•
I hereby accept the appointment as registered agent and agree		tv. I further aaree	to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my dut	ties, and I am fam	iliar with and

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
AMBR	JENNY L. MOORE	114258 BISBee Loop MADISON, 72.32340	PAdd
	·		□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
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Effective	date, if other than the date of filing:	(optional)
(If an effecti	ive date is listed, the date must be specific and cannot be prior to date of filing or more that the date inserted in this block does not meet the applicable statutory filing recommendation.	han 90 days after filing.) Pursuant to 605,0207 (3
	t's effective date on the Department of State's records.	functionis. This dute will not be listed as the
the record stord is filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	ne earlier of: (b) The 90th day after the
	JUNE 16, 2023. Liver MGR JD MODRE Truck Signature of a member or authorized representative of a	
Dated		
Dated	MICO DIMERCE TOWN	C. C. 11C

Typed or printed name of signee