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COVER LETTER

TO: ' Registration Section Division of Corporations

SUBJECT: A CALLON Rame of Lim	thes Tucking ited Liability Company	y LLC
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Luke	Name of Person	·
	Firm/Company	
5302 Dun	Can Ridge Roo	id
Mariouna	FL 32448 City/State and Zip Code	
CSamgo3 E-mail address: ()	to be used for future annual report notific	ration)
For further information concerning this matter, please ca	all:	
Luke Waldron Name of Person	at (<u>&3</u>) <u>2/3 - 2</u> Area Code Daytime	CS Telephone Number
Enclosed is a check for the following amount:		
S \$25.00 Filing Fee S S \$30.00 Filing Fee S Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 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	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe	orations Hahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

kon Brothers Trucking UC

(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 15 000 116941</u> .	filed on 67/67/2015 and a
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "I
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	28 14 7 13 13 13 13 13 13 13 13 13 13 13 13 13
	면 : 현급 22 : 국
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Enter new mailing address, if applicable:	': 3 a
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office addro agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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 perso or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	<u>Tvpe</u>
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I an effective date is Note: If the date	f other than the d s listed, the date must l inserted in this bloc	be specific and c ck does not me	annot be prior et the applic	able statutor	og or more than y filing requir	(optio 90 days after ements, this	filing.) Pu	rsuant te I not be
document's effec	tive date on the Dep	partment of Sta	ite's records					
	a delayed effective	date, but not a	n effective t	me, at 12:01	a.m. on the e	arlier of: (b) The 96	0th day
d is filed.	401	<u> </u>	<u> 20</u> 2	<u>.</u>				
e record specifies rd is filed. Dated	y Of Leek	- e)4)	2/26		ntative of a me	mber		

Filing Fee: \$25.00