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(Re	equestor's Name)	
(Ad	ldress)	
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(Do	ocument Number)	
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COVER LETTER

TO:

Registration Section **Division of Corporations**

·	ALL AMERICAN TE	RUCKING LEC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		YOEL MARTINEZ	
		Name of Person	
	ALI.	AMERICAN TRUCKING LLC	
		Firm/Company	
	145	US HIGHWAY 27 N	
	_	Address	
	SOU	TTH BAY ,FL 33493	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		ENAY@GMAIL.COM	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please ca	all:	
SYDEN	AY MARTINEZ	305 519-8344 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing 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 Addre Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 7	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18J

SYDENAY MARTINE	Z.	SE T
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	30 1
The Articles of Organization for this Limited Liability Company were f	iled on09/24/2020	and assigned
Florida document number 1.5000165759		ري د د
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
ALL AMERICAN FARMING .LLC		
The new name must be distinguishable and contain the words "Limited Liability Con	ipany," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, <u>enter th</u> e	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
		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 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.

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SYDENAY MARTINEZ	18301 SW 114 CT MIAMI FLORIDA 33157	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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an effective o ote: If the		must be specific an is block does not	d cannot be prior meet the applic	able statutory filir	iore than 90 days aft	ional) er filing.) Pursuant to 60 iis date will not be lis	
record spec l is filed.	ifies a delayed effc	ective date, but no	t an effective t	ime, at 12:01 a.m.	on the earlier of: (b) The 90th day afte	er the
	PTEMBER 24	\bigcap_{Γ}	2020				
ated SE		 + 1/2 -	·	<u> </u>			
ated) MD					
ated		Signature of a	member or auth	orized representative	e of a member		