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| SUBJECT: | Ottroll Truck Name of Lin | Ing LLC nited Liability Company | | |
| | | <i>L</i> | 1TTN1. | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | 111111 | |
| Please return all correspondence | ondence concerning this matter | to the following: | Kare | M |
| | Kevin | E. Cottrell Name of Person | · | |
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| | | Firm/Company | | ZOIG FFR I |
| | 2228 Sala | manca St | (10) . M | |
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| | Navarre, F | L 3251010 | ************************************** | PM 1 10 |
| | 69906146 | City/State and Zip Code | | • |
| For further information c | E-mail address: (concerning this matter, please c | to be used for future annual report notif all: | ication) | |
| | | at () 850- | 1099-01014 | |
| Name o | f Person | | Telephone Number | |
| Enclosed is a check for the | ne 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Cottrell Trucking LLC |
|---|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| ne Articles of Organization for this Limited Liability Company were filed on Feb. 3, 2016 and assigned orida document number L1600023395 |
| nis amendment is submitted to amend the following: |
| . If amending name, enter the new name of the limited liability company here: COTYCI TYUCKING NAVAYVE Florida LLC te new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." |
| nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) |
| nter new mailing address, if applicable: **Address MAY BE A POST OFFICE BOX)** |
| . If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here: |
| 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 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

MGR = Manager

From:UPS 2124

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

8509390033

| <u>Title</u> | Name | Address | Type of Action |
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| Rective date, if oth an effective date is liste | ner than the date of filed, the date must be specific | and cannot be prior to | late of filing or more than | (optional) 90 days after filing.) | Pursuant to 605.02 |
| ote: If the date inser | rted in this block does no | ot meet the applicable | e statutory filing requi | rements, this date v | vill not be listed |
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| record specifies The 90th day aff | s a delayed effective ter the record is file | e date, but not a ed. | n effective time, a | at 12:01 a.m. o | on the earlier |
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| | Signature o | f a member or authoriz | ed representative of a me | mber | <u> </u> |
| | Signature o | f a member or authoriz | ed representative of a me | mber | <u>></u> |

Page 3 of 3

Filing Fee: \$25.00