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NALLAHASSEE, FLORIDA

1. HARRIS

COVER LETTER

Divisio	on of Corp	orations		
SUBJECT:	SUID T	RUCKING, LLC		
		Name of Limi	ted Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return al	l correspon	dence concerning this matter	to the following:	
		Stephen M. Stone, Esquire		
			Name of Person	
		Law Offices of Stephen M.	Stone	
			Firm/Company	
		725 North Magnolia Avenu	ue	
		Name of Limited Liability Company Intendment and fee(s) are submitted for filing. Intendment and fee(s) are submitted for filing. Intended the following: Stephen M. Stone, Esquire Name of Person Law Offices of Stephen M. Stone Firm/Company 725 North Magnolia Avenue Address Orlando, Florida 32803 City/State and Zip Code smstonelaw@cfl.rr.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: at (407) 423-7910 Area Code Daytime Telephone Number		
		Orlando, Florida 32803		
			City/State and Zip Code	
		_		
		E-mail address: (t	o be used for future annual report no	tification)
For further info	rmation co	ncerning this matter, please ca	II:	
Stephen M. Sto	one, Esquire	; ,		
	Name of	Person		me Telephone Number
Enclosed is a ch	neck for the	following amount:		
■ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

	TRUCKING, LLC	
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on March 17, 2016	and assigned
Florida document number L16000054817	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		产品 西
		2 2 7
Enter new mailing address, if applicable:	<u></u>	~ <u>~</u>
(Mailing address MAY BE A POST OFFICE BOX)		mo = 15
		70 0
		55 1810
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enier rioriaa sireel address	
·	, Florida _	Zin Code
	UIIV	LOVOUE

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Mohammed Suid	12993 Mallory Circle, Apt. 5	
		Orlando, Florida 32828	■ Remove
			Change
AMBR NATASHA SUID	NATASHA SUID	12993 Mallory Circle, Apt. 5	∃ Add
	Orlando, Florida 32828	□ Remove	
		☐ Change	
			Add
		□ Remove	
			Change
			Add
			Remove
		☐ Change	
		A Address A Addr	
		COST DESCRIPTION	
		Change ORIDA	
			☐ Remove
		☐ Change	

. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
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Note: If the document's he record	late, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days e date inserted in this block does not meet the applicable statutory filing requirements affective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:0 th day after the record is filed.	, this date will not be listed as the
Dated Ap	$\frac{\text{ril}}{\Lambda} \frac{19}{\Lambda}$, $\frac{2016}{\Lambda}$.	
		TO TO
·	Signature of a member or authorized representative of a member	APR TO
	Stephen M. Stone, Esquire, Attorney/Authorized Representative	25 2
	Typed or printed name of signee	TO BITT
	Page 3 of 3	H 9: 55
	Filing Fee: \$25.00	>