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## **COVER LETTER**

TO: Registration Section Division of Corporation (Corporation)			
SUBJECT:	3D Trucki	ed Libility Company	
	Name of Limit	ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Bran	Name of Person	
	<u>_</u>	D Trucking Ll	
	1686 Ba	Now Park	Dr
	—11.		
	- lallahussee	City/State and Zip Code  Cloud. Com obe used for future annual report no	
	Vac (SA	ic / / / / / / /	
	E-mail address: (to	o be used for future annual report no	tification)
For further information con	cerning this matter, please ca		
Brandon	Dimes	at (722 ) 485 Area Code Daytin	-9068
Name of P	erson	Area Code Daytii	me Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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:		Street Address:	
Registration Se		Registration S	
Division of Co. P.O. Box 6327	rporations	Division of Co The Centre of	•
Tallahassee, FL	. 32314		oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

BD Tacks	2024 APR 12 Ali 11:00
(Name of the Limited Liability Co (A Florida Limi	meany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L/600093940</u> .	any were filed on 4/12/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1686 Beldwin Park Dr 32304 Tallahasse FC
(Principal office address MUST BE A STREET ADDRESS	32304
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent: 30	undon Dames
New Registered Office Address: 1680	Dames  Dames  Dallowin Park Ds  Enter Florida street address
Tallet	Enter Florida street address  City  City
New Registered Agent's Signature, if changing Registered Ag	ent:

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>	Name	Address	Type of Action
marge	BILLUON DEMA	1686 Beldma Pak Dr	□Add
		Tallahar FL 32304	□Remove
			🗆 Change
mulger	Lisa Dames		□Add
		13667 SE Flora Aue	
		Hobe Sand FL 33455	□Change
muyer/AmbR	Brandon Demas	1686 Baldman Rick	Mdd
		Tallahus FC 32304	□Remove
			□Change
			□Add
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			□Add
		<del></del>	□Remove
			□Change
		<del></del>	□Add
		·	Remove
			□Change

ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an etti <u>ote:</u>	eve date, if other than the date of filing: 4/12 2024 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
is fil	
ated <sub>.</sub>	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	•
	Typed or printed name of signee

Filing Fee: \$25.00