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COVER LETTER

то:	Registration Sec Division of Corp									
SUBJI	rct.	TRUCKING MA	STERS LLC							
30 201		Name of Limi	ted Liability Company	<u> </u>						
The en	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.							
Please	return all correspon	ndence concerning this matter	to the following:							
		IFR.A	IN GARCIA BARRIOS							
			Name of Person			•				
		YE'	S FAST SOLUTIONS LLC							
			Firm/Company							
		595	5951 NW 151ST ST SUITE 200							
			Address							
		M	MIAMI LAKES, FL 33014							
			City/State and Zip Code							
			ASTSOLUTIONS@GMAIL.COM to be used for future annual report notifi	ication)	55	77				
For fu	rther information c	oncerning this matter, please ca	·		- TEE W	£				
	ETH FIGUEREDO		305 364-6560		DAIDA S					
	Name o	f Person		Telephone Number						
Enclo	sed is a check for tl	ne following amount:								
■ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &					

MAILING ADDRESS:

TO:

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	MASTERS LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)		
The Articles of Organization for this Limited I	Liability Company	were filed on		and assi	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited lial	oility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "	LLC" or the a	bbreviation "L.I	J.C."
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		N/A			
Mailing address MAY BE A POST OFFICE	E BOX)		 · · · · - · · · · · · · · · · · · ·		
B. If amending the registered agent and registered agent and/or the new registered of			ords, <u>enter</u>	the name	of the n
Name of New Registered Agent:	N/A			\$ 50 m	ge-man b
New Registered Office Address:	N/A	P	.,	ַ <u>ה</u>	
		Enter Florida street aa		3.35 DXII.	
		City	, Florida _	Zin 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ILEANA J MARRERO FERNANI	2850 E 5 AVE 4A	= Add
		HIALEAH, FL 33013	☐ Remove
			Change
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Typed or printed name of signee

Filing Fee: \$25.00