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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: HQL	Why ne Marne of Lim	ited Liability Company	guc
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Epony H	Name of Person	
		Firm/Company	
	1601 W 13	Address	
	Riviera Ro	City/State and Zip Code	404
	handhore (E-mail address: (1	to be used for future annual report not	Danil-con
For further information co	oncerning this matter, please ca	all:	~
Chry Hay Name of	Person	at (<u>Sal</u>) <u>DR (a-</u> Area Code Daytim	3,95 e Telephone Number
Enclosed is a check for th	e following amount:		
II \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hauthure and Si	ns Trucking	n our records)	2023 FEB 13 PM 1:13
(A Florida	y Company as it now appears to Limited Liability Company).	H VHE (VEVERA)	₩
The Articles of Organization for this Limited Liability C	ompany were filed on <u>()</u>	100/201	and assigned
Florida document number <u>LI 6000128 90 5</u>	<u>.</u> ,	, ,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here	•	
The new name must be distinguishable and contain the words "Lim	10		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our reco	ords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:			·
	Enter Florida	street address	
	City	, Florida	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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f an ef Note:	tive date, if other than the date of filing: 0 30 30 3 (optional) fective 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 ment's effective date on the Department of State's records.
e reco rd is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	Signature of a member or authorized representative of a member