## L17000015811

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SECRETARY OF SIGTE

## **COVER LETTER**

TO:	egistration Section vision of Corporations	
SUBJE	: Maraffit, Trucking LLC Name of Limited Liability Company	
The enc	ed Articles of Amendment and fee(s) are submitted for filing.	
Please r	m all correspondence concerning this matter to the following:	
	Name of Person	
	Firm/Company	
For furt	Address  Tauares F 32778  City/State and Zip Code  hagins 240 anail. Lom  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  Robert Lagins  at 352 250-3517  Name of Person  Name of Person	2024 NOV 22 AN II: 27 SECRETARY OF STATE
	(additional copy is enclosed) Certified C	of Status &
	ailing Address: egistration Section  Street Address: Registration Section	

Division of Corporations

P.O. Box 6327

TO:

Tallahassee, FL 32314

**Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

braffiti Iru	cking LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it new appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 17000 15811</u> .	ny were filed on 01/20/2017	and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia  Lacaffit. In bal LLC  The new name must be distinguishable and contain the words "Limited Lia		the abbreviation "I	.L.C."
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
		<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<del></del> ····	
		SEC TA	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the</u>	name of the ne	w registered
		22 HAS	. 14 <u>1</u>
Name of New Registered Agent:		<u> </u>	3.24 7.24
New Registered Office Address:	Enter Florida street address	11.27	
	, Florid	aZin 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 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	<u>Address</u>	Type of Action
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effective date is listed, the date must be specific ar e: If the date inserted in this block does not	nd cannot be prior	r to date of filir	ig or more than 90	days after fil	ng.) Pu		
ument's effective date on the Department of	State's records	<b>3.</b>					
cord specifies a delayed effective date, but no filed.	ot an effective t	ime, at 12:01	a.m. on the earl	lier of: (b)	The 90	)th day	after th
ed 10/30/2024							
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