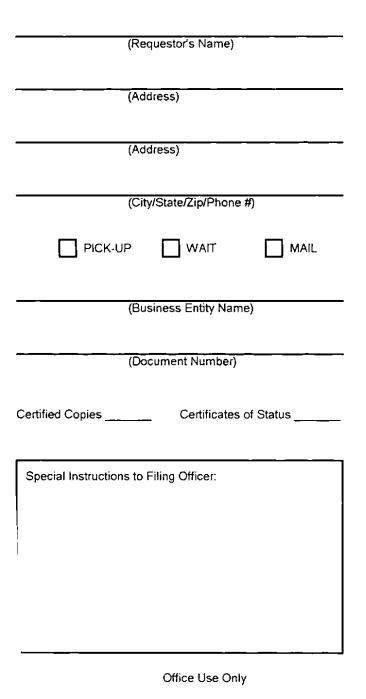
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COVER LETTER

| Div | ision of Corp | porations | | |
|---------------------|-----------------|--|---|--|
| SUBJECT: | | ICKS COMPANY LLC | | |
| SUBJECT | | Name of Limi | ited Liability Company | |
| | | | | |
| The enclosed | d Articles of A | Amendment and fee(s) are subr | mitted for filing. | |
| Please return | all correspoi | ndence concerning this matter t | to the following: | |
| | | ANGEL MATOS | | |
| | | | Name of Person | |
| | | | | |
| | | · | Firm/Company | |
| | | 7600 SOUTHLAND BLVI | D, SUITE 105 | |
| | | | Address | |
| | | ORLANDO, FLORIDA 32 | 2809 | |
| | | | City/State and Zip Code | |
| | | angel.matos1@gmail.com | | |
| | | E-mail address: (t | o be used for future annual report notif | fication) |
| For further in | nformation co | ncerning this matter, please ca | dt: | |
| ANGEL MA | ATOS | | 407 470-2478 | |
| Name of Person at (| | | e Telephone Number | |
| | | | | |
| Enclosed is a | a check for the | e following amount: | | |
| ■ \$25.00 F | 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:

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

RAVA TRUCKS COMPANY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company | were filed on 02/13/ | /2017 | and assigned | |
|--|--|---|-----------------------------------|--|
| Florida document number L17000035078 | | | | |
| This amendment is submitted to amend the following: | | | | |
| - | | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | : | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the desig | mation "LLC" or the abbre | riation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| | | | | |
| | | • | ু <u>।</u> | |
| Enter new mailing address, if applicable: | | • | 5 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 2 - | | |
| | | | 7 | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | ur records, enter the | fame of the n | |
| | | `. | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida | street address | | |
| | City | , Florida | | |
| Year Degistered Agent's Signature if shapping Degistered Agents | • | | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | - | | | |
| hereby accept the appointment as registered agent and agr rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change. | e performance of my provided for in Cha | duties, and I am fam pter 605, F.S. Or, if t | iliar with and his document is | |
| | | | | |

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 |
|--------------|-------------------------|-----------------------|-----------------------------------|
| MGR | CIRO A. MEDINA-GONZALEZ | 7600 SOUTHLAND BLVD., | Add |
| | | SUITE 105 | ☐ Remove |
| | | ORLANDO, FL 32809 | ☐ Change |
| | | | |
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| CIRO A. MEDINA-GONZALI | EZ 5% | | | | |
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| ective date, if other than the d | ate of filing: | | (| optional) | |
| effective date is listed, the date must be: If the date inserted in this bloc | e specific and cannot be k does not meet the ap | prior to date of tilir oplicable statutor | ig or more than 90 days y filing requirements | after filing.) Pursus, this date will n | ant to 605 of be list |
| ument's effective date on the Dep | artment of State's rec | ords. | | | |
| record specifies a delayed e | effective date bu | t not an effect | tive time at 12: | 01 am on th | a aarli |
| ne 90th day after the recor | | e noc an ence | ave ame, et 12. | 01 4,111, 011 11 | ic carii |
| , OCTOBER 23rd | 2017 | | | | |
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| | <i>[/V</i> | | ' <i>)</i> | | |

Page 3 of 3

Filing Fee: \$25.00