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PICK-L	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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SALLAHASSEE, FLORID

COVER LETTER

TO: Registration Sect Division of Corpe	ion 🚈 , orations			
SUBJECT:		2.50 Tucking	} LLS	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
	dence concerning this matter			
	<i></i>		دح	
	Pi.6- T	Name of Person Z: 30 1 Truck	ing LLC	
	7313	Name of Person Z: 10 Truck Firm/Company NW 173 De Address	ive, Apa	102
	Hickech, PGRisol E-mail address:	City/State and Zip Code tricking 23 C to be used for future annual report notified	GMa·1- COM	
For further information co	ncerning this matter, please co	at (186) 630	- 3203 e Telephone Number	-
Enclosed is a check for the	following amount: \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
		Street Address:		

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327 Taliahassee, FL 32314 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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number 417000 107411 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

_, Florida

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** Name Address Type of Action Paul Martinez 7313 NW 173 Dire, Aprilod HAdd MGR Higler, FL 33015 DRemove _____ Change AMBR Juan A Del Sol Dir 711 Santa Fe Drive, Svik 143 DAdd Weather Ford, TX 76086 ORemove _____ □Add _____ □Remove _____ Change _____ □Remove ———— □Change _____ □Remove —————— □Change ————— □Remove

Frective date, if other than the date of filing: (optional) an effective 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 (obtg.: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The 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 dis filled. The 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 dis filled. Signature of a member or authorized representative of a member		nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Filing Fee: \$25.00