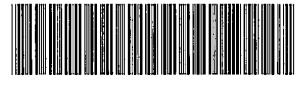
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COVER LETTER

TO:

Registration Section Division of Corporations

I & Y TRU SUBJECT:	JCKING LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	YOKIRO RODRIGUEZ E	BOSQUE	
		Name of Person	
	I & Y TRUCKING LLC		
	 	Firm/Company	
	2308 NE 6TH ST		
		Address	
	CAPE CORAL FL 33909		
		City/State and Zip Code	
	yokiror@yahoo.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please co	all:	
YOKIRO RODRIGUE	Z BOSQUE	239 201-6600 at ()	
Name (of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for (he following amount:		
■ \$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)
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations dox 6327 tassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I & Y TRUCKING LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now <u>appears on our records.)</u> Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000113869	were filed on <u>05/23/17</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL FL 33909	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2308 NE 6TH ST CAPE CORAL FL 33909	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		er the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	гір Соае

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 to 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	YOKIRO RODRIGUEZ BOSQUE	2308 NE 6TH ST	⊡ Add
		CAPE CORAL FL 33909	Remove
			Change
			□ Add
			Remove
			□ Change
	<u></u>	_	□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more that Note: If the date inserted in this block does not meet the applicable statutory filing requ	
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document's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as
ne record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier of
Dated AUGUST 19 2019	
1/// 1/2	
Signature of a member or authorized representative of a m	
JOKINO RODIGUOZ BO Typed or printed partie of signee	mber

Page 3 of 3

Filing Fee: \$25.00