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| PICK-UP                 | ☐ WAIT             | MAIL            |
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## **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: Mora Trucking L.L.C.  |
|  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Matthew Morgan   |
| Mora Trucking LLC.   |
| 959 Hatteras Terrace S.E.  |
| Palm Bay F.L. 32909 City/State and Zip Code  |
| Morestrucking & amail. com E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| Matthew Morgan at (917) 217-3858  Name of Person — Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

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**

| Morg Trucking L.  (Name of the Limited Limited Limited)  (A Florida Limited)   | L.C.   |
|--|--|
| ( <u>Name of the Limited Limited Limited</u> ) (A Florida Limited)   | ny as it now appears on our records.) Liability Company)               |
| The Articles of Organization for this Limited Liability Company<br>Florida document number <u>こ17000144068</u> .       | were filed on 7-5-17 and assigned                                      |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:  |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or the abbreviation "L.L.C."      |
| Enter new principal offices address, if applicable:  | 18 J   |
| (Principal office address MUST BE A STREET ADDRESS)  | AUG CRE  |
|  | 2 0F C   |
| Enter new mailing address, if applicable:  | PH 3:  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her |  |
| Name of New Registered Agent:  |  |
| New Registered Office Address: 959   | Hatteras Terrace S.E.  Enter Florida street address  Pay Florida 32909 |
| Palm   | Bay Florida 32909  |
| 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 = M $AMBR = A$ | anager<br>uthorized Member |                         |                   |
|--------------------|----------------------------|-------------------------|-------------------|
| <u>Title</u>       | Name                       | Address                 | Type of Action    |
| MGR                | Matthew Morgan             | 959 Hatteras Terrace SE | 🗹 Add             |
|                    |                            | Palm Bay, F. L. 32909   | Remove            |
|                    |                            |                         | Change            |
| AR                 | Matthew Murgan             | 4981 Triple crown       | <u>Ci/</u> .□ Add |
|                    |                            | Orlando, F.L. J2825     | Remove            |
|                    |                            |                         | Change            |
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|                   | if other than the date of   |                       |                          | (optional   | )                                     |                     |
| Note: If the date | is listed, the date must be speci<br>e inserted in this block does<br>ctive date on the Departmer | s not meet the applic | cable statutory filing   | re than 90 days after filing<br>requirements, this date | g.) Pursuant to 6<br>will not be li   | 505,020<br>isted as |
|                   | cifies a delayed effect<br>by after the record is f   |                       | ot an effective tir      | ne, at 12:01 a.m.                                       | on the ear                            | rlier o             |
|                   |   | <b>.</b>              | ·                        |   |                                       |                     |
| Dated             |   | Ans                   |                          |   |                                       |                     |
| Dated             | Signature   | e of a member or auth | norized representative o | f a member  |                                       |                     |

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Filing Fee: \$25.00