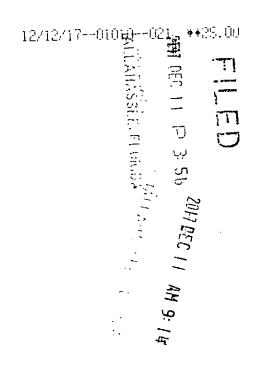
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COVER LETTER

TO:	Registration Section Division of Corpor			•	
SUBJ	ECT: Rico's	Hauling and Name of Lim	Truck Strikes, LLC ited Liability Company	<u></u>	
The er	nclosed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please	e return all corresponde	nce concerning this matter	to the following:		
	•	Rico Hein	Name of Person		
		Southwest	Harry and Truck &	invices HC	
		6541 Garl	ard 54 Address	ALCARAS	
		fort m	City/State and Zip Code	See Francisco	ت بب
	-	riceh 15 E-mail address: (to be used for future annual report notif	ication)	<u>م</u> 2
For fu	orther information conc	erning this matter, please ca	all:		
	Name of Pe	rson	at (2-39) 810 - Area Code Daytime	8652 Telephone Number	-
Enclo	sed is a check for the fo	ollowing amount:			
ps(s:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &

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

(Name of the Limited Liability Comp	any as it now appears on our recon	rds.)		
The Articles of Organization for this Limited Liability Compan	y were filed on 12-04-	17	and as:	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	Scrusces LLC sility Company," the designation "LL	.C" or the abbi	eviation "L	.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		7		
Enter new mailing address, if applicable:		Ę	<u> </u>	-
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>		: 111
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he		ds, enter t	به name دن	of the new
	 -			
Name of New Registered Agent:		···-·		
New Registered Office Address:				<u></u>
	Enter Florida street addr	ess		
 	, F	lorida	Zip 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 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 uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
			Remove
			Change
			Remove
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effective	date is listed, ti	than the da	specific an	d cannot be	prior to date	of filing or	more than	90 days af	tional) ter filing.) Pursuant	to 605.0
		in this block on the Depa				tatutory III	ing require	ements, t	nis date	WIII HOU	oe iisteu
		delayed e the recon			t not an	effective	time, a	t 12:01	. a.m.	on the	earlier
ed <u>D</u> e	cenber	- 05 H	/	. 201	<u>Z_</u> .						
	1	1 14									

Page 3 of 3

Filing Fee: \$25.00