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COVER LETTER

Div	ision of Corp	orations	•				
SUBJECT:	Gator Fleet	Trucking LLC					
Name of Limited Liability Company							
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		Shanita Jones					
			Name of Person				
		Jones Accounting & Tax	Services Inc				
Firm/Company							
	3632 Land O Lakes Blvd #109						
			Address				
		Land O Lakes, FL 34639)				
			City/State and Zip Code				
		shanita@theaccountingdi					
		E-mail address: (t	to be used for future annual report notific	cation)			
For further in	oformation co	ncerning this matter, please ca	all:				
Shanita Jor			813 525-4321 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is a	check for the	following amount:					
■ \$25.00 F	iling 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:

Registration Section

TO:

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

Gator Fleet Trucking, LLC				
(Name of the Lim	ited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.)		
	(A Florida Ellinico Ellionity Compa	Z s =		
The Articles of Organization for this Limited I	Liability Company were filed or	01/23/2018 malass@ned =		
	classiffy Company were med of	and too Breat		
Florida document number L18000020232	·	SS U		
This amendment is submitted to amend the fol	lowing:	AH II		
A. If amending name, enter the new name of	of the limited liability compan	y here:		
<u> </u>		20 E		
The new name must be distinguishable and contain the	words "Limited Liability Company"	the designation "LLC" or the abbreviation "LLC"		
The new hante mass oc distinguishable and contain the	words Elimica Elability Company,	the designation like of the aboreviation like.c.		
Enter new principal offices address, if appli	cable:	7.2. 534. 544		
(Principal office address MUST BE A STRE	ET ADDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and	1/or registered office address	s on our records, enter the name of the new		
registered agent and/or the new registered o				
Name of New Registered Agent:	Jones Accounting & Tax Se	ervices, Inc		
Thank of they regarded rigers.				
New Registered Office Address:	3632 Land O Lakes Blvd #109			
	Enter	· Florida street address		
	Land O Lakes	Florida ³⁴⁶³⁹		

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ray A Jennings	121 N Monroe St #6003	
		Tallahassee, FL 32301	■ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Remove
			□ Change
			□ Remove
			☐ Change

•				
				
				
				
				
		W-W-T	··	
				
				
ective date, if other than the date of a effective date is listed, the date must be specified. If the date inserted in this block does a nument's effective date on the Department.	not meet the applicable	late of filing or more than 9 e statutory filing require	(optional) 0 days after filing.) Pursuant to ments, this date will not be	605.0207 listed as
record specifies a delayed effective he 90th day after the record is file		n effective time, a	: 12:01 a.m. on the ea	arlier ol
cd 104y 24/	2018	2		
	of a member of pulporist	ed representative of a men	bar	-

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00