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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | ∋ #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| то: | Registration Se Division of Cor | | | |
|--------|------------------------------------|--|---|---|
| CIDI | | RUCKING LLC | | |
| SUBJ | ECT: | Name of Lim | ited Liability Company | |
| The er | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | JORGE RESTREPO | | |
| | | | Name of Person | 100 A 111 A |
| | | PASSOL TRUCKING LL | c | |
| | | | Firm/Company | |
| | | 8900 NW 97 AVENUE #2 | 14 | |
| | | | Address | == |
| | | DORAL, FLORIDA 33178 | 8 | |
| | | | City/State and Zip Code | |
| | | JORDRES440@GMAIL.CO | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For fu | rther information co | oncerning this matter, please ca | all: | |
| JORG | E RESTREPO | | 786 719-8085 at () | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclos | sed is a check for th | ne following amount: | | |
| \$2 | 5.00 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) |

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

PASSOL TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (A) | lorida Limited Liability Com | ipany) | |
|--|------------------------------|--------------------------------------|--------------------|
| The Articles of Organization for this Limited Liabi Florida document number <u>L18000048724</u> | | on FEBRUARY 23, 2018 | and assigned |
| This amendment is submitted to amend the following | ng: | | |
| A. If amending name, enter the new name of the | e limited liability compa | any here: | |
| The new name must be distinguishable and contain the words | | ," the designation "LLC" or the abbi | reviation L.D. |
| Enter new principal offices address, if applicable | e: | | <u></u> |
| (Principal office address MUST BE A STREET A | DDRESS) | | - |
| Enter new mailing address, if applicable: | | | 2 3 |
| (Mailing address MAY BE A POST OFFICE BO | V) | | |
| Maning mariess MAT DE ATOST OFFICE DO | <u> </u> | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ess on our records, <u>enter t</u> | he name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | En | ter Florida street address | _ |
| | | , Florida | |
| - | City | , 1 101 IU. | Zip Code |
| New Registered Agent's Signature, if changing Regi | stered 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> | Address | Type of Action |
|--------------|--|------------------------|----------------|
| AMBR | JORGE RESTREPO | 8900 NW 97 AVENUE #214 | Add |
| | | DORAL, FLORIDA 33178 | ☐ Remove |
| | | | E Change |
| VICE | SUELEN RESTREPO | 8900 NW 97 AVENUE #214 | Add |
| | | DORAL, FLORIDA 33178 | ■ Remove |
| | | | □ Change |
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| CHANGE JORG | E RESTREPO TITL | E | | | |
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| ctive date, if othe | er than the date of | filing: | | (optio | onai) |
| effective date is listed :: If the date insert | the date must be speci ted in this block does | ific and cannot be prior s not meet the applica | to date of filing or mo able statutory filing | re than 90 days after requirements, this | filing.) Pursuant to s date will not be |
| | | nt of State's records. | ,, | , , | |
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| | | tive date, but not | t an effective ti | me, at 12:01 a | a.m. on the ea |
| | er the record is f | filed. | | | |
| | | | | | |
| e 90th day afte | | 2019 | | | |
| | | 2018 | <u> </u> | | |
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Page 3 of 3

Filing Fee: \$25.00