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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rose N Shine Trucking LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christina Rosenshein Name of Person Rosens Shina Trucking IIC
Rosen Shino Trucking LLC Fim/Company 925 S. Lake Ave
Address
Lake BU-Her F1. 32054 City/State and Zip Code
Rosen Shino trucking @ gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christina Resensition at 352 672-8405 Area Code Daytime Telephone Number 352 Code Daytime Telephone Number 352 Code Daytime Telephone Number 352 Code Code Daytime Telephone Number 352 Code Code Code Code Code Code Code Code
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{Gertified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rose NShine Trucking

(A Florid	fa Limited Liability Company)	
The Articles of Organization for this Limited Liability C	•	▷\% and assigned
Florida document number <u>L 18000 to 60</u>	<u>5</u> 4	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the	abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		er the name of the n
		2016 TAL
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	SET S
	, Florida	70. 70
	City	Zip Code

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.

New Registered Agent's Signature, if changing Registered Agent:

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 Type of Action Address <u>Title</u> Name . Christina Rosenshein 9255 Slake Ave 11 Add Lake Butter F1. 32054 Ingrid Rosenshein 1627 NW 10 Terr. DAdd Gainesville F1. 32109 XRemove □ Change □ Add □ Remove ☐ Change ☐ Remove □ Change □ Add _□ Remove ☐ Change

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Filing Fee: \$25.00