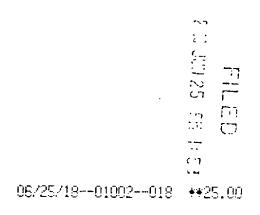
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COVER LETTER .

TO:

Registration Section Division of Corporations

SUBJECT: Smil	hS Tracto	ted Liability Company	L.L.C
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter (to the following:	
	Skylar	Name of Person	nith; Summer Flowe
		5 Tractor S	Service L.L.C
	7823	Hay 1 Sout	<u> </u>
	BlaintSt	City/State and Zip Code	32424
	E-mail address: (t	o be used for future annual report notific	eation)
For further information cor	ecerning this matter, please ca	all: .	
SK y CV Name of I	5mith Person	at (<u>&SC)</u> <u>447</u> - Area Code Daytime	3560 Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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)
Registrat Division P.O. Box	FG ADDRESS: ion Section of Corporations (6327 see, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smith's Tactor	Service L.L.C
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L</u> [Scxxx]53730	ere filed on $6-72-738$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8
(Principal office address MUST BE A STREET ADDRESS)	1
	<u> </u>
	.55
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	(i)
B. If amending the registered agent and/or registered officesistered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Agent's Signature, if changing Registered Agent:	

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 = Au	ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Skyler Smith	7823 Hwy 71 South	🖳 🗖 Xdd
	•	Hountaun FL	Remove
		32424	
MGR	Summer Flave	15 7823 HOY715)_@√dd·
		Blantstoren F	Remove
		32424	Change
		<u> </u>	Add
			Remove
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ote: If the ocument's erecord	edate inserted in effective date on specifies a de	this block does no the Department o	of State's records. e date, but not	ne statutory thing red	(optional) han 90 days after filing.) quirements, this date v	viii not be fisied as
ated	Sur Z	5th	2018	110/1-3		
_		Signature o	f a member of author	ized representative of a	ı member	JUI 25
	<u> </u>	mner	Typed or printed	name of signee	,	

Filing Fee: \$25.00