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Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER JUL 2 3 2018

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	yber Tro	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dunia	San Gil	
		Trucking Firm Company	
	361 NE	35 Ave.	
	Dependar E-mail address:	to be used for finure annual report noti	s@gmail-com
	oncerning this matter, please c		
Dunia S	GO GII	at Area Code Daytim	7 2 C8 6 e Telephone Number
Enclosed is a check for the			
☆ 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)

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

(Name of the Limiter		<u> </u>	· <u>· · · · · · · · · · · · · · · · · · </u>		
(Name of the Limited	A Florida Limited	a ny as it now app Liability Company	ears on our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L1800016</u>				and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of	the limited lial	oility company	here:		
The new name must be distinguishable and contain the wo		ility Company," th	e designation "LLC" or the	e abbreviation "L.L.C."	
		-			<u> </u>
(Principal office address MUST BE A STREET	<u> </u>			c <u>≤</u>	2
		***************************************			웊
Enter new mailing address, if applicable:				16 F	
(Mailing address MAY BE A POST OFFICE B	OX)			3	ع بيز د م بيز د
				—— မှ	5
				<u> </u>	<u>-</u>
B. If amending the registered agent and/o registered agent and/or the new registered off	<u>ice address hei</u>	<u>'e</u> :			<u>ew</u>
Name of New Registered Agent:	Dunic	San	611	_ 	
New Registered Office Address:	361	Emer F	Truda	ng LLC.	
	Hon	vstca	Florida	33033 Zin Code	
New Registered Agent's Signature, if changing Ru	egistered 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:

	danager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			☐ Remove
			Change
		Remove	
			Change
			Add
		Remove	
			Change
		-	
		Remove	
			Change
			Remove
			□ Chana

77. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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E. Effective date, if other than the date of filing:		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.)5.0207 ited as	(3)(b) the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl (b) The 90th day after the record is filed.	ier of	:
Dated July 3018.		
Signature of a member or authorized representative of a member		
Dunic San Gil Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00