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COVER LETTER

Division of Co	rporations	·	
SEGAS'S SUBJECT:	TRUCKING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SUGEHIN RIERA		
		Name of Person	
	NONA TAX INC		
		Firm/Company	
	10483 STAPELEY DRIVI	Ē	
		Address	
	ORLANDO FL 32832		
	sugehinriera@nonatax.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti-	fication)
For further information of	concerning this matter, please ca	all:	
SUGEHIN RIERA		407 729-0624 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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)

MAILING ADDRESS:

TO:

Registration Section

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

SEGA'S TRUCKING LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our recordenited Liability Company)	<u>r)</u>
The Articles of Organization for this Limited Liability Com	pany were filed on 08/07/2018	and assigned
Florida document number L18000189129		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability 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:		
Principal office address MUST BE A STREET ADDRES	(S)	رن بن
		<u> </u>
Enter new mailing address, if applicable:		بب
Mailing address MAY BE A POST OFFICE BOX)		200
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address Name of New Registered Agent:	ed office address on our records, <u>here</u> :	, enter the name of the
New Police 1000 All		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	City	Zip Code

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>	Name	<u>Address</u>	Type of Action
AR	ATRYM M SANTIAGO		□ Add
		1426 SIMPSON RD SUITE 118	O Au
		KISSIMMEE FL 34744	■ Remove
			☐ Change
MGR	JONATHAN E SEGARRA	1426 SIMPSON RD SUITE 118 KISSIMMEE FL 34744	
			■ Add
			च ि Remove
			Change
			ω
			Add
			မှာ Remove
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fective date, if other than the enterestive date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	ck does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed
record specifies a delayed The 90th day after the reco		ve time, at 12:01 a.m. on the earlie
ted	2018	
AHA		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00