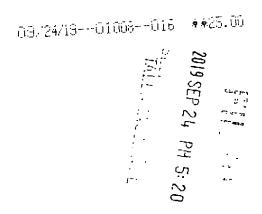


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COVER LETTER

TO:					
CHD IT	VERGARA	TRUCKS LLC			
SUBJEC	-1·	Name of Limi	ted Liability Company		
The enci	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		JULIO ARAUJO			
	Division of Corporations VERGARA TRUCKS LLC UBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following:				
		TOTAL CORPORATION			
			Firm/Company		
		6355 NW 36TH ST SUITE	: 407		
			Address	- 	
		VIRGINIA GARDENS, FL 33166			
		asesor@corporacionesenusa	City/State and Zip Code		
		E-mail address: (to be used for future annual report notific	cation)	
For furth	her information c	oncerning this matter, please co	મી!:		
JUL10	ARAUJO		305 871-2525		
	Name o	of Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for the	he following amount:			
\$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

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

VERGARA	A TRUCKS LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records. d Liability Company)	,
The Articles of Organization for this Limited Liability Comparison document number $\frac{L18000199564}{L18000199564}$.	ny were filed on 08/20/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2019 SEP 24
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records,	;− ~
The state of the s		0
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street address	
	Flo	orida
<u></u>	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HECTOR A. CEA MEJIA	1461 Majesty Ter Weston, FL 33327	■ Add
			☐ Remove
			□ Change
			Add
			□ Remove
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) (A
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Note:	ive date, if other than the date of filing:
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Viaguas >
	Signature of a member or authorized representative of a member
	JOSE R VERGARA JIMENEZ