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Mahm		r		
SUBJECȚ:	Division of Corporations  Mahmoud Trucking LLC  Name of Limited Liability Company  Re enclosed Articles of Amendment and fee(s) are submitted for filing.  Rease return all correspondence concerning this matter to the following:  S. Robert Soro CPA  Name of Person  Group de Soto Tax & Acet LLC  Firm:Company  6900 Tavistock Blvd, Ste 400  Address  Orlando FL 32827  City/State and Zip Code  acet@groupdesoto.com  E-mail address: (to be used for future annual report notification)  r further information concerning this matter, please call:  Robert Soto  Name of Person  1407  Alara Code  Daytime Telephone Number  closed is a check for the following amount:  1525.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  (additional copy is enclosed)			
		_		
Please return all con	respondence concerning this matter	r to the following:		
	S. Robert Soto CPA			
		Name of Person		_
	Group de Soto Tax & Acc	t LLC		
		Firm/Company		_
	6900 Tavistock Blvd, Ste	400		
		Address		_
	Orlando FL 32827			
		City/State and Zip Code		_
		(to be used for future annual re	eport notification)	
For further informati	ion concerning this matter, please of	call:		
S. Robert Soto			7752	
Na	me of Person		Daytime Telephone Numb	et
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	of Corporations		of Corporations	D IT
P.O. Box			tre of Tallahassee	,, = O
r ananass	ee, FL 32314		Monroe Street, Suite see, FL 32303	810 E

## DocuSign Envelope ID: A39D6758-C650-45BC-9F4C-FC169F82A662 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Mahmoud Trucking LLC			
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	<u>cars on our records.)</u> yl	
The Articles of Organization for this Limited I		02/06/2019 a	and assigned
This amendment is submitted to amend the following	lowing:		
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	ie designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address and/or the new registered office address.)	registered office address on ou ess here:	r records, <u>enter the name of t</u>	he new registered
Name of New Registered Agent:	Aroua Dhouibi		<u> </u>
New Registered Office Address:	112 Llica Dr		
	Enter i	Florida street address	
	Kissimmee	, Florida 34743 <u></u>	
	City		Code
New Registered Agent's Signature, if changing	APR	1.1	
I hereby accept the appointment as register provisions of all statutes relative to the proaccept the obligations of my position as regbeing filed to merely reflect a change in the company has been notified in writing of this	per and complete performance sistered agent as provided for i rregistered office address, I he	of my duties, and I am famili n Chapter 605, F.S. Or, if thi	iar wi <b>th</b> and 's do <del>cum</del> ent is

Aroua Mouiti

If Changing Registered Agent, Signature of New Registered Agent

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If aftending Authorized rerson(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>	Address	Type of Action
AMBR	Aroua Dhouibi	112 Lilac Dr	
		Kissimme, FL 34743	□Remove
		_ <del></del>	□Change
AMBR	BR Mahmoud Saddam	112 Lilac Dr	□ Add
		Kissimmee, FL 34743	■Remove
			Change
		<u> </u>	
			□Remove
			□ Change
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			⇒ □Change
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		Sign	ature of a	member or	authorized	l representat	ive of a me	mber	· ·	ᇁ	

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