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| Certified Copies | _ Certificates o | f Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| SUBJECT: | Truck Wert LI | LC | |
|---------------------------|--|---|---|
| | Name of Lin | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | | Sonia Becerra | |
| | | Name of Person | |
| | | Swyft Filings, LLC | |
| | | Firm/Company | |
| | 12 | 605 East Freeway, Suite 540 |) |
| | | Address | |
| | | Houston, Texas 77015 | |
| | | City/State and Zip Code | |
| | | filings@swyftfilings.com | |
| | E-mail address: (| to be used for future annual report notif | fication) |
| For further information | concerning this matter, please co | ail: | |
| Sonia 8 | Becerra | at (877) 777-04 | 50 |
| Name | of Person | at (877) 777-04 Area Code Daytime | e Telephone Number |
| Enclosed is a check for t | the following amount: | | |
| \$25.00 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:

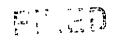
Registration Section Division of Corporations

TO:

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**



Truck Wert LLC

2019 MAR 18 AM 11: 33

| (Name of the Limited | Liability Company as it now appears | on our records.) | |
|--|---|-------------------------------|------------------|
| (7 | d Liability Company as it now appears A Florida Limited Liability Company) | Milan | · Arth |
| The Articles of Organization for this Limited Lial | bility Company were filed on | 117/19/2019 | and assigned |
| Florida document numberL1900004932 | | | <u>.</u> |
| This amendment is submitted to amend the follow | | | |
| A. If amending name, enter the new name of t | the limited liability company her | <u>re</u> : | |
| Chuck Wert LLC | | | |
| The new name must be distinguishable and contain the wor | rds "Limited Liability Company," the des | signation "LLC" or the abbre | viation "L.L.C." |
| Enter year principal officer address if application | Ll | | |
| Enter new principal offices address, if applicat | | - | |
| (Principal office address MUST BE A STREET | 'ADDRESS) | | . <u>-</u> |
| | | . | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Ψ' | | ··· | |
| (Mailing address MAY BE A POST OFFICE B | <u> </u> | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or | | our records, <u>enter the</u> | name of the |
| registered agent and/or the new registered office | ce address here: | | |
| | | | |
| Name of New Registered Agent: | | | |
| | | | |
| | | | |
| New Registered Office Address: | Entar Florid | to street address | |
| New Registered Office Address: | Enter Florid | la street address | |
| New Registered Office Address: | | la street address | |
| New Registered Office Address: | | la street address, Florida | |
| New Registered Office Address: New Registered Agent's Signature, if changing Re | City | la street address | |

N

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> | Address | Type of Action |
|--------------|-------------|--------------|----------------|
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| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an ef Note: | tive date, if other than the date of filing: |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated | 3-8 2019 Len Wet Signature of a member or authorized representative of a member |
| | CHARLES LEON WERT Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00