13-Apr-2021 10:50



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To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name : S.LLANIO BUSINESS SERVICES INC

4 Account Number : I20200000011

: (239)542-9104

] Phone

Fax Number

: (239)540-1760

ter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

COR AMND/RESTATE/CORRECT OR O/D RESIGN MELIA TRUCKING LLC

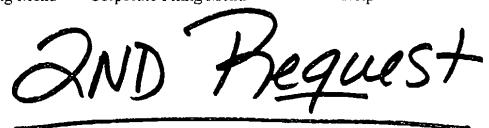
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13-Apr-2021 10:51

ARTICLES OF AMENDMENT TO

ARTICLES OF O	RGANIZATION 2021 APR	`^ ••·
OI	4 · · · · · · · · · · · · · · · · · · ·	3 AH 10: 21
Melia I VUCKING (Name of the Limited Liability Compan (A Florida Limited Liability)	yas it now appears on our records.) Ability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L19000</u> de7541	were filed on <u>3/11/201</u>	1. and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	1 / LC.	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the <u>new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City , Florida	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

p.3

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 = M AMBR = A	anager uthorized Member	2021 APR 13 AH 10: 20	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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E. Effective d	ite, if other than t date is listed, the date i	he date of fill	U5.	•	ing or more than 9	(optional) O days after filing.)	Pursuant to 605,020
Note: If the	date inserted in this	block does no	t meet the ap	plicable statuto	ry filing require	ments, this date	will not be listed a
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If the record spe	ifies a delayed effec	tive date, but n	ot an effectiv	ve time, at 12:0	l a,m, on the ea	rlier of: (b) The	90th day after th
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Filing Fee: \$25.00