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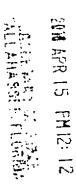
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: M.C.TR	UCKING & FRET Name of Limite	GHT CC. ed Liability Company	
The enclosed Articles of Am-	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	Wallence Che	Name of Person	
		Firm/Company	
	Z161 NW ZZE	STREET Address	
	POMPANO BROC	N FL. 33069 City/State and Zip Code	
_	M.C. TRUCKTI E-mail address: (to	Janus . com be used for future annual report no	tification)
For further information conce	erning this matter, please call	:	
Walkence Cher Name of Per	enfant	at (<u>796) Z70 -</u> Area Code Daytin	-9846 ne Telephone Number
Enclosed is a check for the fo	ollowing 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 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

M. C. TRUCKING & FR (Name of the Limited Liabil (A Florid	ZEIGHT UC. ility Company as it now appears on our records.) da Limited Liability Company)
-	Company were filed on <u>(Nacch 20, 2019</u> and assigned
Florida document number <u>L19000078950</u>	·
This amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." er new principal offices address, if applicable: Company	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2161 NW 27Ed STREET
(Principal office address MUST BE A STREET ADD	Press Pampano Beach FL. 33069
Enter new mailing address, if applicable:	7/61 NO ZZEC STREET
(Mailing address MAY BE A POST OFFICE BOX)	Pompano Beach FL. 33069
registered agent and/or the new registered office add	Wellen Stranger
New Registered Office Address: 2	Emer Florida street address City Zip Code
	OMPANO BEACH . Florida 338691

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.

f 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
AMBL	waterlow Uneventurit	2161 NW 2200 Street Pompano FL 33	_ ® Add
			□ Remove
			Change
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ectiv	e date if other than the date of filing: $4 - 11 - 2019$ (ontional)
<u>ste:</u> [f	e date, if other than the date of filing: 4-11-2019 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant 6605.0 The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.
ted _	4-11- 2019.
	Wallen Assignature of a member or authorized representative of a member
	organities of a member of additionable telegraphic of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00