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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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2024 MAR 27 AM 10: 56 SECRETARY OF STATE TALL ATTOSEE, FL

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ANK TR Name of Lim	UCKING LL ited Liability Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	AL	EN LUCIC Name of Person	
	ANK	TRUKING Firm/Company	
	14617 BX	PIGHTWEU C Address	;F; 70 ° °
	ORLANDO	City/State and Zip Code	27 Fig. 56
	A NKD RIVI E-mail address: (to be used for future annual report not	DA Fication) FE S
For further information c	oncerning this matter, please c	all:	
ALEN Name o	L.UCIC f Person	at (407) 505 Area Code Daytim	0914 ac Telephone Number
Enclosed is a check for the	he 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 Addres Registration 5	Section	<u>Street Address:</u> Registration Se	
Division of C	omoratione	Division of Cor	moratione

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	_ .
The Articles of Organization for this Limited Liability Company w		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u>		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:	NAG	207
(Principal office address MUST BE A STREET ADDRESS)	ACR	# 'M'
Enter new mailing address, if applicable:		27
(Mailing address MAY BE A POST OFFICE BOX)	1/14 2	<u>2</u>
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, <u>enter the name</u>	of the new registere
Name of New Registered Agent:	<u> 11/4</u>	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zin Coda

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> Name Address		Type of Actio	
MGR	Kristina Lucic	14617 Brightwell Ct , Orlando,FL 32824	= Add
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ecord specifies a c is filed.	lelayed effective date	e, but not an effec	ctive time, at 12:0	I a.m. on the ear	rlier of: (b)	The 90th day afte	r th
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-	Signa	ature of a member o	or authorized repres	entative of a mem	ber		

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	17/A	
(Name of the Limited Liability (A Florida L	Company as it now appears on our reco imited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	/ [d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		VI
(Principal office address MUST BE A STREET ADDRE	SS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	office address on our records, ent	er the name of the new registere
	,	
Name of New Registered Agent:	1//4	
New Registered Office Address:	F. C. St.	
	Enter Florida street addi	ress
	City , 1	FloridaZip Code
	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>	Name	Address	Type of Action
MGR		14617 Brightwell Ct , Orlando,FL 32824	\(\frac{1}{2} \) Add
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ective date, if other than the date of filing:		•		
reffective date is listed, the date must be specific and cannot be prior to date of filing	g or more than 90 days after	filing.) Pu	rsuant to 605.0)201
te: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	filing requirements, this	date wil	l not be listed	1 as
scord specifies a delayed effective date, but not an effective time, at 12:01 s filed.	a.m. on the earlier of: (b)) The 90)th day after t	the
03/16/24				
ted 03/16/24				
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r /1/ *				
Signature of a member or authorized represen	ntative of a member	-		