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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726

Fax Number : (813)877-2186

Enter the email address for this business entity to be used for future) annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARL FLOORING SERVICES LLC

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Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| (Name of the United Liability Company as it now appears (A Florida Limited Liability Company) | on our records. |
|--|--|
| The Articles of Organization for this Limited Liability Company were filed on 64/ | 01/2019 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company he | ere: |
| The new name must be distinguishable and contain the words "Limited Liability Company," the d | lesignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 20 IS A A |
| Enter new mulling address, if applicable: | 6 A 10 C |
| (Mailing address MAY BE A POST OFFICE BOX) | 2 |
| B. If amending the registered agent and/or registered office address o registered agent and/or the new registered office address here: | n our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | lunda street address |
| Enter F1 | |

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 familian with and accept the obligations of my position as registered agent as provided for in Ghapter 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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR = Authorized Member | | | | |
|--------------------------|-------------------------------------|---------------------------|---|--|
| <u>Title</u> | Name | Address | Type of Action | |
| MGR | LA O CALDERIUS, JORGE CARLOS | 8104 N NEWPORT AVE #1/2 | Add | |
| | | TAMPA, FL:33604 | | |
| | | | | |
| | | | - ⊟ Change | |
| MGR | rielo lorenzo, ayuban | \$104.N.NEWPORT AVE, #1/2 | Add | |
| | | тамра, fl. 33604 | | |
| | | | — · · · · · · · · · · · · · · · · · · · | |
| MGR | CALDERIUS GUERRA, YANET MARBELIS | 8104 N NEWPORT AVE #1/2 | A S | |
| | | TAMPA, FL 33604 | O I | |
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| (if an effective date is listed, the date is Note: If the date inserted in this document's effective date on the | e date of filing: usi he specific and cannot be prior to date of filing or more to lock does not meet the applicable statutory filing redepartment of State's records. | quirements, this date will not be list | ted as th |
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| f the record specifies a delay b) The 90th day after the re | ed effective date, but not an effective time ecord is filed. | e, at 12.01 a.m. on the cars | .2. 0 |
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