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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Ve	Mow Angl	Le Trucking ited Liability Company	ng LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Sonya	CARACE Name of Person	2028 SEI
	3350 NL	Firm/Company  Signal of the Code of the Co	9 C P 10 3: 41
	MIAMI	Gardens	1-C 33056
	Yellowangl E-mail address: (1	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	ILC Dama, 1. Cor
For further information of	concerning this matter, please ca	all:	
Songa C	7RACE	at (678) 683 Area Code Daytimo	- 0308 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address: 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

Vellow Angle Trucking (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04-01-2019 and assigned Florida document number <u>L 19</u>000090106 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the abbrevention LLC. 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_. Florida \_

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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ective date, if other than the date of filing: _ i effective date is listed, the date must be specific and car te: If the date inserted in this block does not meet cument's effective date on the Department of State	mot be prior to d t the applicable			after filing	.) Pursua	
ecord specifies a delayed effective date, but not an s filed.	effective time.	, at 12:01 a.m. o	ı the earlier o	f: (b) - Ti	ne 90th	day after th
1ed 9-17-2020 Signature of a men						
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