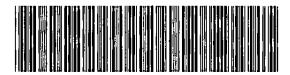
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			
	TRUCKING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DOMINIQUE GEDEON		
		Name of Person	
	DIVISION TRUCKING L	LC	
		Firm/Company	
	1801 PEACE PL		
	Name of Person DIVISION TRUCKING LLC Firm/Company 1801 PEACE PL Address KISSIMMEE, FL 34759 City/State and Zip Code DGEDEON1@YAHOO.COM L-mail address: (to be used for future annual report notification) cerning this matter, please call: 407 860-3986 at (
	KISSIMMEE, FL 34759		
		City/State and Zip Code	
	_		
			ification)
For further information c	oncerning this matter, please c	all:	
DOMINIQUE GEDEO	V		
Name o	t Person	Area Code Daytin	ie Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Sc	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monre	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVISION TRUCKING,LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L19000090197	npany were filed on 04/02/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
he new name must be distinguishable and contain the words "Limited		
Enter new principal offices address, if applicable:	SS)	
Principal office address MUST BE A STREET ADDRE.	<u> </u>	2020
Enter new mailing address, if applicable:		2
Mailing address MAY BE A POST OFFICE BOX)		
		r 1 -
 If amending the registered agent and/or registered of igent and/or the new registered office address here: 	office address on our records, <u>enter th</u>	ne name of the new regist
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	City	Ty: Cinle

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 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>	<u>Address</u>	Type of Action
MGR	DOMINIQUE GEDEON	227 BECKENHAM DR KISSIMMEE, FL 34758	≡ Add
		<u></u>	lRemove
			JChange
			JAdd
			lRemove
			LlChange
			JAdd
			lChange
			JAdd
			JRemove
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reffectiv <u>te:</u> If th	date, if other to e date is listed, the ne date inserted is effective date	e date must be in this block	specific and does not m	cannot be priced the app	ior to date of licable state	filing or mor	e than 90 da		g,) Pursuant	
cord sp s filed.	ecifies a delaye	d effective da	ie, but not :	an effective	e time, at 12	::01 a.m. or	the earlie	r of: (b) = 1	fhe 90th di	iy after t
12/3 ed	30/2019			_						
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Filing Fee: \$25.00