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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TICOCI TYUCKING LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kelli Martin Name of Person
TUCSDY'S SEFETY SOLUTIONS Firm/Company
P.O. Box 8403 Address
Fleming Island FL - 32003 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (104) 505 - 4934 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

24 JAN 22 AM ED: 45

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our l iability Company)	ecords.) PLORIDA
The Articles of Organization for this Limited Liability Company Florida document number <u>LIGDO13755</u> 7	were filed on 5 23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
TUCSON SAFETY SOLUTIONS The new name must be distinguishable and contain the words "Limited Liabil	LLC lity Company," the designation	"LLC" or the abbreviation "L.L.C."
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)	P.O. Box &	5403 and, FL. 32000
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>s</u>	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	City	_, Florida Zip Code
	Cay	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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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			□Change

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If an effec <u>Note:</u> If	ve date, if other than the date of filing:	
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after ted.	he
Dated _	Kalla Jahren of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
1	Kelli Martin Typed or printed name of signee	

Filing Fee: \$25.00