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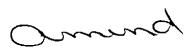
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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: U) Aleman Name of Limi	Trucking (<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Mariela	Rivercon Name of Person		
	W Alema	in trucking Firm/Company	<u> </u>	
	2521 +	-Olio Way		
	Kissimm Marierive E-mail address: (1	City/State and Zip Code	COM ication)	10 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For further information of	concerning this matter, please ca	all:		
Mariela Named	Rivera.	at (407) 371. Area Code Daytime	- 9839	SIMI LEATIONS 4 2: 32
Enclosed is a check for t	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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trucking LLC

The Articles of Organization for this Limited Liability Company were filed on	
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" or the abbreviation "L.L.C." Enter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable:	
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)	<u>, </u>
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	:- <u>: n</u> (
Name of New Registered Agent: Marie la Rivera	_
New Registered Office Address: 2521 Folio way Enter Florida street address	
Kissimmee 71 , Florida 34741 City , Florida 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	Mariela Rivera	2521 folio way	 Add
		Kissimmee, 71 34741	□ Remove
			Change
			D Add
			□ Remove
			Change
			Add
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·	
E. Effective date, if other than the date of filing:(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	07 (3 _. as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:
Dated OCtuber 3, 2019.	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Mariala Pilaca	
Mariela Rivera	

D. It amending any other interplation, enter change(s) here. (Matter additional sheets, if necessary.)

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Filing Fee: \$25.00