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(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	orations		
1		_	
SUBJECT: LOCY	S Trocking LI Name of Limi	<u> </u>	<u> </u>
ð	, Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
rease return an our opposit	solice concerning and maker	to me tonowing.	
	Moises &	Scachacalala	
	10000	Scarborough Name of Person	<u> </u>
		Firm/Company	
	950 SWANCL	and Secure	
	950 SWN.CL	Address	
	Pact at In	cie FL 34953 City/State and Zip Code	
	1011 011 600	City/State and Zip Code	
	F-mail address: ()	to be used for future annual report noti	(Ication)
	E-man address. (t	to be used for future unitial report not	neadon)
For further information cor	ncerning this matter, please ca	all:	
Moises E. Si	2arborough	at (678) 687 - 3 Area Code Daytim	1817
Name of I	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	_		
S25 00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	S60.00 Filing Fee,
Z	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Address:		Street Address:	
Registration So		Registration Se	ction
Division of Co		Division of Cor	
P.O. Box 6327		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mark of the Control o

LUCY'S TRUCKING, LLC.

FOCA 2 LKOCKII	NG, LLC.	2% Ox
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>レゾののうそそん。</u> .	were filed on 11 20 / 19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	950 SW Nichols	Terrace
(Principal office address MUST BE A STREET ADDRESS)	Port St. Lucie,	FL. 34953
Enter new mailing address, if applicable:	950 Sw Nichols To	errace
(Mailing address MAY BE A POST OFFICE BOX)	port St. Lucie, FL	34953
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
New Registered Agent's Signature, if changing Registered Agent	City	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	- ree to act in this capacity. I further	

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
MGR	Moises E. Scathorough	950 Sw. Wichols Terrace fort 9t. Lucie, FL 34953	&Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
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			G Chapur

Note	tive date, if other than the date of filing: (optional) ffective 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 605.0207 is If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	1 12/17/19
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00