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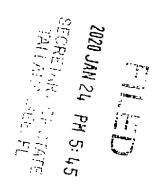
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COVER LETTER

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TO:

TO: Registration So Division of Cor					
Chosen On	e Hauling, L.L.C.				
SUBJECT:Name of Limited 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:			
	Eliezer Alfonso De Carder	nas			
Name of Person					
	Chosen One Flauling, LLC				
	Firm/Company				
	1210 Chesterfield Avenue				
	Address				
	Ruskin, F1, 33570				
		City/State and Zip Code			
	chosenonchauling/d/gmail.c				
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	ithcation)		
Fatima Osorio		786 704-6887			
Name of Person		at () Area Code Daytii	ne Telephone Number		
Enclosed is a check for the	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		Street Address: Registration So	ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chosen One Hauling, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/03/2020}{1}$ __ and assigned Florida document number 1.20000010714 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" or the abbreviation "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) Ġ 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: Enter Florida street address Florida City

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
MGR	Eliezer Alfonso De Cardenas	1210 Chesterfield Avenue	≣Add
		Ruskin, FL 33570	□Remove
			□Change
AMBR	Fatima E Osorio	1210 Chesterfield Avenue	■Add
		Ruskin, FL 33570	□Remove
			2029 JAN
			The state of the s
			□Remove →
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
	·		□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member of authorized representative of a member ezer Alfonso De Cardonas
Typed or printed name of signee

Filing Fee: \$25.00