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(Req	uestor's Name)	- •		
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COVER LETTER

TO:

Tallahassee, FL 32314

	tration Se ion of Cor			
E SUBJECT:	ENYT TRU	JCKING LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed A	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return a	II correspo	ndence concerning this matter	to the following:	
		GREYSI SUAREZ		
			Name of Person	
		DIRECT SOLUTION SE	RVICES	
			Firm/Company	
		1248 VISCAYA PKWY		
			Address	
		CAPE CORAL FLORID.	A 33990	
			City/State and Zip Code	
		info@directsolutionservic		
For further infe	venzation co	e-mail address: (oncerning this matter, please co	to be used for future annual report is	offication)
		oncerning this matter, piease co		
Greysi Suarez 239 443-5846				
	Name of	l Person	Area Code Dayti	ime Telephone Number
Enclosed is a c	heck for th	ne following amount:		
□ \$25.00 Fil	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENYT TRUCKING LLC				
(Name of the Limit	ed Liability Company as it n (A Florida Limited Liability C	ow appears on our records. lompany)	}	
ne Articles of Organization for this Limited L		ed on 01/31/2020	and assi	gned
orida document number 1.20000032826				
nis amendment is submitted to amend the foll	owing:			
. If amending name, enter the new name o	f the limited liability con	npany here:		
ne new name must be distinguishable and contain the v	Acot being Lockilie Come	and "the decimation "LLC".	or the abbreviation of 1	<i>(</i>
		any, the designation time of	or the above viation 17.1	٠. ٧.
nter new principal offices address, if applic				
Principal office address MUST BE A STREET ADDRESS)				77
			. 27	
			·/ Ö	
nter new mailing address, if applicable:				П
Mailing address MAY BE A POST OFFICE BOX)				\mathcal{O}
			57	
. If amending the registered agent and/or i	registered office address	on our records, enter th	ne name of the new	regist
gent and/or the new registered office addre	ss here:			
Name of New Registered Agent:	ENYT YANDI RODRI	GUEZ		·····
New Registered Office Address:	1215 SW 11THPL			
THE THE STITLE THE THE THE THE		Enter Florida street address		
	CAPE CORAL	Flor	rida <u>33991</u>	
	City	1 101	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.

Il Changing lygistered 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	MENDOZA LISANDRA	1215 SW 11THPL	🖸 Add
		CAPE CORAL.	≖Remove
		FL 33991	□Change
AMBR	ENYT YANDI RODRIGUEZ	1215 SW 11 THPL	□Add
		CAPE CORAL.	□Remove
		FL 33991	
			20 20 0C ₹ 20
			<u>တိတ</u> ⊑ S emove
			COMPANDED
	<u>-</u>		□Add
			□Remove
			□Change
			OAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change

Typed or printed name of signee