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## **COVER LETTER**

| TO: Registration So<br>Division of Cor |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| SUBJECT:                               | STG TOWING AN                                   | D TRANSPORTATI <b>O</b> N LLC  | ,                                      |  |  |  |
| TODUCT.                                | Name of Lim                                     | ited 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:  |  |  |  |  |
|  |   | AZIZ ZAKE  |  |  |  |  |
|  |   | Name of Person   |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   | AZIZ ZAKE  Name of Person  G AND TRANSPORTATION LLC  Firm/Company  5010 SILVER CHARM  Address  Wesley Chapel, FL 33544  City/State and Zip Code  Aziz_Reyad@hotmail.com  ss: tto be used for future annual report notification)  se call:  Area Code  Daytime Telephone Number  **S \$60.00 Filing Fee.*  Certified Copy (additional copy is enclosed)  Certified Copy (certified Copy (certified Copy (additional copy is enclosed) |  |  |  |  |
|  | 50  | 010 SILVER CHARM   |  |  |  |  |
|  |   | Address  | ······································ |  |  |  |
|  | W   | esley Chapel, FL 33544   |  |  |  |  |
|  |   | City/State and Zip Code  |  |  |  |  |
|  | <del>-</del>                                    |  |  |  |  |  |
| For further information c              | concerning this matter, please co               | ,  | icaion)                                |  |  |  |
| Nader Guirguis                         |   |  |  |  |  |  |
| Name o                                 | of Person                                       |  | e Telephone Number                     |  |  |  |
| Enclosed is a check for t              | he following amount:                            |  |  |  |  |  |
| S25.00 Filing Fee                      | \$\\$\$30.00 Filing Fee & Certificate of Status | Certified Copy   | Certificate of Status &                |  |  |  |
|  |   |  |  |  |  |  |

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

| SIG IOWING A  | AND TRANSPORTATION LLC  | <b>6</b>                              |
|---|---|---------------------------------------|
| ( <u>Name of the Limited Liabil</u><br>1A Florid  | ity Company as it now appears on our records<br>a Limited Liability Company)  | ZOO HAR                               |
| (71) total  | a Elimica Elability Company   |                                       |
| The Articles of Organization for this Limited Liability C   | Company were filed on Feb 03, 2020  | ్రాహ్ and assigned                    |
| Florida document number L20000039437  |   | 77.3                                  |
|   | <del></del>   |                                       |
| This amendment is submitted to amend the following:   |   |                                       |
| Florida document number L20000039437  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 "L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS) |   |                                       |
| ,   |   |                                       |
| The new name must be distinguishable and contain the words "Lir   | nited Liability Company." the designation "LUC"                               | or the abbreviation "L.L.C."          |
| -   |   | , , , , , , , , , , , , , , , , , , , |
| Enter new principal offices address, if applicable:   |   | <del></del>                           |
| (Principal office address MUST BE A STREET ADD)   | RESS)   |                                       |
|   |   |                                       |
|   |   |                                       |
| Enter new mailing address, if applicable:   |   |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                                       |
| mutang address MAT DE ATOST OFFICE BOLY   | -   |                                       |
|   |   |                                       |
|   | ·   |                                       |
| R If amonding the registered agent and/or registere   | d office address on our records enter t                                       | he nome of the new registers          |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here:   | d office address on our records, enter t                                      | the name of the new registere         |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here:   | ed office address on our records, <u>enter</u> (                              | the name of the new registere         |
| agent and/or the new registered office address here:  | ed office address on our records, <u>enter (</u>                              | the name of the new registere         |
|   | ed office address on our records, <u>enter</u>                                | the name of the new registere         |
| agent and/or the new registered office address here:  |   |                                       |
| agent and/or the new registered office address here:  Name of New Registered Agent:   | ed office address on our records, <u>enter t</u> Enter Florida street address |                                       |
| agent and/or the new registered office address here:  Name of New Registered Agent:   | Enter Florida street address  |                                       |

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address                                    | Type of Action |
|--------------|-----------------|--|----------------|
| Authorize    | ENJY NEAMATALLA | 5010 SILVER CHARM, Wesley Chapel, FL 33544 | <b>=</b> Add   |
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|                         |                   |   |                 |              |                 |                    |               |                  |     |
|                         |                   |   | r.i.            | 03, 2020     |                 |                    |               |                  |     |
| ffective d              | late, if other th | han the date of   | f filing:       | 03, 2020     |                 |                    | (optional)    |                  |     |
| ote: If the             | e date inserted i | edate must be speci<br>in this block doe<br>on the Departme | s not meet the  | e applicable |                 |                    |               |                  |     |
| record spe<br>is filed. | ecifies a delayed | l effective date. I   | out not an effe | ective time. | at 12:01 a.m.   | on the earlier     | of: (b) The S | 90th day after t | the |
| 1                       | Feb 27            |   | 2026            | 0            |                 |                    |               |                  |     |
| ateu                    |                   |   |                 |              |                 |                    |               |                  |     |
| a                       |                   |   |                 |              | <i>_</i>        |                    |               |                  |     |
| ated                    |                   | Ci  | re of a member  |              | I come a series | a of a manufacture |               |                  |     |

Typed or printed name of signee