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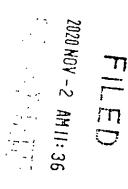
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Courtneys Trucking LCC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| raig A. DIXON Name of Person |
| Courtneys Trucking LLC |
| 1358 W. 29th Street |
| Riviera Beach Florida 33404 |
| City/State and Zip Code Vanua VI Sagnail Com E-mail address (to be used) for future annual report notification) |
| For further information concerning this matter, please call: |
| Number of Person at (\frac{\sqrt{0}}{\sqrt{0}}) \frac{707 1416}{\sqrt{0}} Area Code Daytime Telephone Number |
| |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Curtneys / Luck | CING LL | ************************************** |
|--|---|---|
| (A Florida Limited | pany as It now appears on our records.) I Liability Company) | |
| The Articles of Organization for this Limited Liability Compan Florida document number 2000148793 | y were filed on <u>6 - 1 - 20 20</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation "LLC" or the al- | breviation "L.L.C." |
| 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) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name | 2020 NOV - 2 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | · · · · · · · · · · · · · · · · · · · |
| | , Florida | |
| | City | 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------|------------------------------|----------------------|
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| | serted in this blo | ock does not m | ect the applica | 7- 203- date of filing or a ble statutory filin | (onore than 90 days ang requirements, | atter filing.) I | Pursuant to Cill not be 1 | 605.020' isted as |
| cord specifies a cord specifies a cord | delayed effective | e date, but not | an effective tin | ne, at 12:01 a.m. | on the earlier of | f: (b) The | 90th day a | fter the |
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| ed | (!\; | Signature of a n | nember or author | Tyed representativ | e of a member | | | |

Filing Fee: \$25.00