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| Special Instructions to I | Filing Officer:   |             |
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### **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: CJ Mexander Trucking LLC  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:  |
| Charles Alexander Holmes Name of Person  |
| (7 Alxander Truckyg, LLC   |
| 3948 Merry Apple Cir   |
| Orvando, FL 32570  City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Name of Person  at (321) 444-1685  Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\bigcup \\$30.00 Filing Fee & Certificate of Status \$\bigcup \\$55.00 Filing Fee & Certificate of Status \$\bigcup \\$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) |

### Mailing Address:

TO:

Registration Section

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**

| (Name of the Limited Liability Compa   | 2020 SE. 14 631 9: SL.                              |                    |
|--|---|--------------------|
| (A Florida Limited I   | 01/12/  |                    |
| The Articles of Organization for this Limited Liability Company Florida document number LZOCO 11152                    | were filed on $O(102/70)20$                         | and assigned       |
| This amendment is submitted to amend the following:  |   |                    |
| A. If amending name, <u>enter the new name of the limited liab</u>   | ility company here:                                 |                    |
| The new name must be distinguishable and contain the words "Limited Liabil   | lity Company," the designation "LLC" or the abbrevi | ation "L.L.C."     |
| Enter new principal offices address, if applicable:  | 3948 Cherry Apple                                   | Cir                |
| Principal office address MUST BE A STREET ADDRESS)   | Or lando , FL 32                                    | 810                |
|  |   |                    |
| Enter new mailing address, if applicable:  |   |                    |
| Mailing address MAY BE A POST OFFICE BOX)  |   |                    |
|  |   |                    |
| B. If amending the registered agent and/or registered office a<br>agent and/or the new registered office address here: | address on our records, enter the name of           | the new registered |
|  |   |                    |
| Name of New Registered Agent:  |   |                    |
| New Registered Office Address:   | Constitution of the second                          |                    |
|  | Enter Florida street address                        |                    |
|  | , Florida<br>City 2                                 | ip 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 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 2020 \$217 [1], All 9: 54 | Type of Action |
|--------------|---------------|-----------------------------------|----------------|
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| If an ef<br>Note:     | (optional) fective date, if other than the date of filing:  [continuation of the date of filing of the date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records. |
| e record<br>ord is fi | d 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 led.  |
| Dated                 | Septender, 2, 2020.  |
|                       | $\partial$ $\partial$ $\partial$   |
|                       |  |
|                       | Signature of a member or authorized representative of a member   |