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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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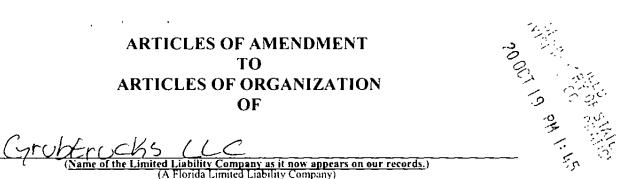
COVER LETTER

TO: Registration Division of C			
SUBJECT:	Grubtrucks LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fec(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Brandon_	CZCICET Name of Person	
		Firm/Company	
	1317 Edgewater Dr. #332	Address	
	Orlando, FL 32804		
	Drandon (E-mail address:	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	20 (5%) fication) 59 (2)
For further information	n concerning this matter, please c	ell:	4 6 J
Brando	1 Crevat	at (980) 329 -	6 Telephone Number 5
		nita esate bayani	- n g
Enclosed is a check for	r the following amount:		
\$25.00 Filing 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)
<u>Mailing Addı</u>	ress:	<u>Street Address:</u>	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**



(Name of the Limited) (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	, y
The Articles of Organization for this Limited Liabi	ility Company were filed on _(06/29/2020	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of the New Age Software So			bbreviation "L.L.C."
Enter new principal offices address, if applicabl			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ecords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	Kelly Miller		
New Registered Office Address:	1317 Edgewater Dr	rida street address	
-	Orlando Circ	, Florida	32804

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	<u>Address</u>	Type of Action
	 		□Add
			Remove
			□Change
			□Add
		 	Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			
			Remove

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,	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
he reco	rd 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
ord is f	led. October 15
Dated	12/12/2010
	Broaden Hurrick
	Signature of a member or authorized representative of a member
	signature of a member of authorized representative of a member

Filing Fee: \$25.00