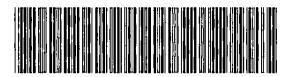
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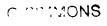
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## **COVER LETTER**

I'O: Registration Section Division of Corporations
SUBJECT: MCNOW Trucking, LLC  Name of Edmited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tasha D. Mcnair Name of Person
mcnair Trucking, LLC Firm/Company
1139 W. Hickory Street
Lakeland, FL 33815 City/State and Zip Code
mencietrucking 75 @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tasha D. Mc nav at (ft3) 577-9488  Name of Person at (ft3) 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 & Certificate of Status & Certificate 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Secretary of the second

(Name of the Limited Liability Compa	king hh	ur records.)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>Jul</u>	47, 2020 and assigned
Florida document number <u>L20000193247</u> .		1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:		<del></del>
(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 record	ls, enter the name of the new registered
Name of New Registered Agent:	,	
New Registered Office Address:	-	
New Registered Office Address.	Enter Florida sti	reet 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 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 ELIA 20 1.1 2:40	Type of Action
AMBL	James H. Mcnair Jr	1139 W. Hickory Street	L DIAdd
		Lateland, FL 33915	□Remove
			□ Change
			🗆 Add
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and can Note: If the date inserted in this block does not meet document's effective date on the Department of State	(optional)  anot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the applicable statutory filing requirements, this date will not be listed as e's records.
e record specifies a delayed effective date, but not an order is filed.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 26.	060
Dasha (	D. Me haw ther or authorized representative of a member