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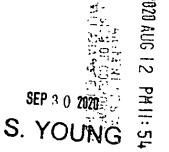
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
	RUCKING LLC	·	
SUBJECT:	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:	
	Jorge E. Carrasquillo		
		Name of Person	
	MARIE TRUCKING LLC	•	
		Firm/Company	
	1409 Brookside Ave.		
		Address	
	Kissimmee, Fl 34744		
		City/State and Zip Code	
	jorgetrucking@hotmail.con		
		to be used for future annual report noti	dication)
For further information c	oncerning this matter, please co	all:	
Jorge E. Carrasquillo		407 719-4856	
Name of Person		Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARIE TRUCKING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JULY 24, 2020 Florida document number | L20000218876 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MARIE'S TRUCKING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

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.

City

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>	<u>Name</u>	Address	Type of Action
MGR	Jorge E. Carrasquillo	1409 Brookside Avc. Kissimmee, FL 34744	= Add
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			□ Change
			□ Add
			□Remove
		·	□Change
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	JST 08.		2020				
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ated AUGU	N.S.	Signature of	f a member or a	uthorized represe	entative of a mem	ber	_

Filing Fee: \$25.00