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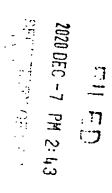
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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JA.
1/15/21

COVER LETTER

TO:	Registration Se- Division of Cor					
	Malica Truc	cking LLC		•		
SUBJI	ECT:	Name of Limi	ited Liability Company			
		Amendment and fee(s) are sub-				
Please	return all correspo	indence concerning this matter	to the following:			
		Aubrey Irving				
			Name of Person			
		Malica Trucking LLC				
			Firm/Company	-		
		5970 Woodland Point Dr				
			Address			
Tamarac, FL 33319-6267 City/State and Zip Code malicatrucking@gmail.com						
For fu	Name of Person Malica Trucking LLC Firm/Company 5970 Woodland Point Dr Address Tamarac, FL 33319-6267 City/State and Zip Code malicatrucking@gmail.com					
Aubre	ey Irving					
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclos	sed is a check for th	he following amount:				
€ \$3	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 Registration 5		<u>Street Address:</u> Registration Se	ection		

Division of Corporations

P.O. Box 6327 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

Malica 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 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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
AMBR	Aubrey Irving	5970 Woodland Point Dr	
-		Tamarae, FL 33319-6267	
			≡ Change
AMBR	Marsha Irving	5970 Woodland Point Dr	■Add
		Tamarac, Fr. 33319-6267	
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			⊟Remove
			□Change
			□Add
			□Remove
			Change

		
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	11/27/20	
If an effec <u>Note:</u> If	re date, if other than the date of filing:	uant to 605.0207 (2 not be listed as th
ne record : ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d.	h day after the
Dated _	11.27 2020	
	Signature of a member or authorized representative of a member	