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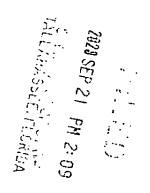
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COVER LETTER

TO:

TO: Registration Division of C			
	CTRUCK AND SERVICES, LLC	c	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corre-	pondence concerning this matter	to the following:	
	MARI	IELA STABLE	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	STABLE \$ ASSO	C. PROFESSIONAL SERVICES	283
		Firm/Company	SE .
	3595 NW 181st	STREET	2878 SEP 21 PM 2: 09
		Address	P
	MIAMEGARDE	NS, FL 33056	775
	- ·	City/State and Zip Code	70.09
	ALEX.M910403		, · · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report noti	fication)
For further information	i concerning this matter, please of	all·	
MARIELA STABI	LE	786 709-3473	
Nam	e of Person		e Telephone Number
Enclosed is a check to	r the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee le Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALEX TRUCK AND SE	ERVICES, LEC	
(Name of the Limited L (A F	iability Company as it now appears (lorida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil	lity Company were filed on09/0	02/2020 and assigned
Florida document number L20000273592	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company hero	
ALEX TRUCK & TRAILER SERVICES, LLC		S
The new name must be distinguishable and contain the words	"Limited Liability Company," the des	gnation "LLC" or the abtreviation "L.L.C."
Enter new principal offices address, if applicable	e: N/A	
Principal office address MUST BE A STREET A	DDRESS)	3
		<u> </u>
		13. C
Enter new mailing address, if applicable:	<u>N/A</u>	
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
1 16 dia - 4b	stand office address on our non	ands antar the name of the name radio
 If amending the registered agent and/or registeent and/or the new registered office address he 		ords, enter the name of the new regi
Name of New Registered Agent:	NA	
New Registered Office Address:	š/A	
	Enter Florid	a street 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>	Name	Address	Type of Action
	N/A		
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ecord specifies a delayed	l effective date, b	ut not an effectiv	e time, at 12:01	a.m. on the earli	er of: (b) The	90th day after the
is filed.						
SEPTEMBER 1	dth	2020				
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	Signatui	e on a member or a	uthorized represer	ntative of a membe	ī	

Filing Fee: \$25.00