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(Requestor's	Name)
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SECRETARY OF STATE
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	M SS TRuck	ited Company	
0	Name of Lin	nted Libility Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Odto	V PosepH	
		Firm Company	2022 O SECR TAL
	1224 NE 5	Th AVC Address	CT 13
	FORT PAUDER	Address Date PL 3336 City/State and Zip/Code	2022 OCT 13 MM 9: 59 SECRETARY OF STATE TALLAHASSEE, FA
	E-mail address:	to be used for theure annual report noted	<u> </u>
For further information con	cerning this matter, please c		
J8/A Name of F	P Joseph)	at (<u>954</u>) <u>136</u> Area Code Daytim	20208
Enclosed is a check for the	following amount:		
(2525.00 Filing Fee	[] \$30.00 Filing Fee & Certificate of Status	C \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co		<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 6327 Tallahassee, Fl		The Centre of T	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BMSS TRucking	pany as it now appears on ou	tr rocords)			
(A Florida Limite	d Liability Company)				
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 2006027785</u> 7	ny were filed on $D9/D8$	1/2020	and a	ssigned	i
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lis	ability company here:				
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designat	ion "IAC" or the a	bbreviation "	1.,L.,C,''	
Enter new principal offices address, if applicable:			T E	202	
(Principal office address MUST BE A STREET ADDRESS)		-). 	90	
	ad Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
			<i>P</i> SSD		. 'पिन ्
Enter new mailing address, if applicable:			一円の 一円の		<u> </u>
(Mailing address MAY BB A POST OFFICE BOX)			<u> </u>	Ú.	
		- -		<u>&</u>	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records	s, <u>enter the nar</u>	ne of the n	ew reg	istered
Name of New Registered Agent:		···-			
New Registered Office Address:					
	Enter Florida stre	ret address			
	Cito	Florida	Zip Cod	<u> </u>	
New Registered Agent's Signature, if changing Registered Agen	ıt:				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in this capac te performance of my di s provided for in Chapte	aties, and Lam er 605, F.S. Or	familiar w , if this do	rith and cument	đ
ILCE	hanging Registered Agent, Sig	gnature of New R	egistered Ag	ent	

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 = A	uthorized Mo	mber I		
Title	<u>Name</u>		Address	Type of Action
MGR	DU	line Joseph	1224 NG 5th AVE	CIAdd
		•	1224 NE 5th AVE FORT LAUDERDALE, FL 33	Remove
				□Change
MGR	JOHN	P Joseph	1224 NG 57h AVC PORT (Audendale PL, 33304	ZAdd
			PORT Automate PL, 33304	. Remove
				□Change
				CIAdd
				SECRETARO TALIMANA
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]Change
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If am	ending any other	information, enter (change(s) her	e: (Attach addii	ional sheets, if n	ecessary.)	
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lf an ef <u>Note:</u>	fective date is listed, t If the date inserted	than the date of filir he date must be specific and in this block does not on the Department of	nd cannot be prior meet the applic	able statutory fili	more than 90 days at	otional) der tiling.) Pursuant to 60 this date will not be li	05.0207 (3) sted as the
e recoi rd is ii		ed effective date, but no	ot an effective ti	me, at 12:01 a.m	on the earlier of:	(b) The 90th day at	ter the
Dated	10/10/20	22	_·	·			
		A	2	> 			
		Signature of a	nember or author	orized representativ	e of a member		
		Shr	Typed or print	D510H			

Filing Fee: \$25.00