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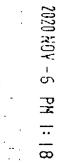
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	egistration Sec ivision of Corp								
SUBJECT	· <u>.</u>	Manatee	Trucking, LLC	и					
Sobsect	•	Name of Lin	nited Liability Company						
The enclose	ed Articles of A	Amendment and fee(s) are sub	omitted for filing.						
Please retui	rn all correspor	ndence concerning this matter	to the following:						
			Orlando J. Figueroa						
			Name of Person						
			Manatee Trucking, LLC						
			Firm/Company						
			904 Hillside Dr.						
		# 1 # 4 # 4 # 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	Address						
			Lutz, FL 33549						
			City/State and Zip Code	<del></del>					
		E-mail address: (	adry.b.f@hotmail.com to be used for future annual report noti	fication)					
For further	information co	oncerning this matter, please c	ali:						
Orlando J. Figueroa			at ( 813 ) 404-9689	9					
	Name of	Person		e Telephone Number					
Enclosed is	a check for the	e 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)					
	ailing Address		Street Address:						
Registration Section Division of Corporations			Registration Section Division of Corporations						
	O. Box 6327		The Centre of T	•					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manatee True			
(Name of the Limited Liability Company (A Florida Limited Lia	y <u>as it now appears</u> ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on	09/23/2020	and assigned
lorida document numberL20000300502			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company he	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited Liability	y Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			- 20
			20
			7, 70
Inter new mailing address, if applicable:			5
Mailing address MAY BE A POST OFFICE BOX)		- ·= ··	
			1
		·	8
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our re	cords, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da 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 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
AMBR	Laura A. Bohorquez	904 Hillside Dr. Lutz, FL 33549	□ Add
			Change
AMBR	Lourdes A. Bohorquez	904 Hillside Dr. Lutz, FL 33549	
		<del>-</del>	□Remove
			□ Change
<del>.</del>	<del> </del>	<del> </del>	VON 1202 NOV
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