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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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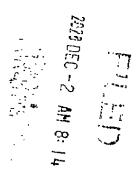


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MAN 2 0 2021

S. YOUNG



COVER LETTER

TO:

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Earth Stone (Name of the Limited Liability Compar (A Florida Limited L	Trucking LC 3	- A
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2000307</u> 7		d :: J
This amendment is submitted to amend the following:	<u>.</u>	
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	Nimcod Hemo	
(Principal office address MUST BE A STREET ADDRESS)	3389 Sherdan St	
	Hollywood F1 33021	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Muning undress MAT BE ATOST OFFICE BOX		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new reg	<u>zisterec</u>
Name of New Registered Agent:	rod Hemo	
New Registered Office Address: 4712	Sheridan St Enter Florida street address	
Holly	wood Florida 3302/	
1	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
owner	Hernan Menage	1 1040 Foxtrail ave	□ Add
	J	Minneola F1 34715	Remove
			□ Change
Owner	Nimrod Hemu	4712 Sheridan St)
		Hollywood Fl 33021	□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

D. If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	re date, if other than the date of filing: 1 3 2 20 (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
If the record record is file	
Dated _	11/30 2020
	Signature of Resembler of authorized representative of a member
	Hernan Menaged

Filing Fee: \$25.00