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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	!
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:		Trucking Ll ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Carl	Hughes Name of Person	
	CTH4	Tricking Ll	<u>C</u>
		1055 Park R	
		Florida :	
	CTH4 Tru E-mail address: (I	cking @ GMail	cation)
For further information c	oncerning this matter, please ca	all:	
Carl Name o	Hughes Person	at (720) 75 Area Code Daytime	59-999 Telephone Number
Enclosed is a check for the	ne 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)

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**

CIHA Irus	cking LL	·
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on o imited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 20000331328</u>		- 12 - 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	tion "LLC" or the abbreyiation LLC."
Enter new principal offices address, if applicable:		8
(Principal office address MUST BE A STREET ADDRE	<u></u>	730
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	and uddrass
	rmer r tortaa sii	ean man ess
	Cin	, Florida
New Registered Agent's Signature, if changing Registered		ing water
Hen Registeren Wagnit 2 Dignature, it changing Registeren	Azent	

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>	<u>Name</u>	Address	Type of Action
AMBR	Carl Hughes	10524 HOSS PARK RI Orlando Fl. 32832	204-247)®Add
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n effective o <mark>te:</mark> If the	ate, if other than the date is listed, the date me date inserted in this b effective date on the f	ist be specific and block does not m	cannot be prior t seet the applica	o date of filing o	r more than 90 day	(optional) vs after filing. ts, this date) Pursuant to 60; will not be list	5.020 ted as
ecord specis filed.	rifies a delayed effecti	ve date, but not	an effective tir	ne, at 12:01 a.:	n. on the earlier	of: (b) Th	e 90th day afte	er the
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ted	Carl Car	Jugh	ua_					