L20 000347764

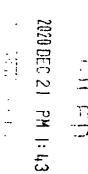
(Requestor's Name)
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(Document Number)
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JA-2/1/21

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NEVER STOP13 TRUCKING LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Schneider Jonassaint Name of Person
Mever Stop13 Trucking LLC Firm/Company
505 NE 157th Terrace
Miami, FL 33/62 City/State and Zip Code
Neverstands & Icland . (:m E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 6/6-0358 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

(A Florida Limited I The Articles of Organization for this Limited Liability Company	
Florida document number <u>L 1000347764</u> .	were filed on Mayenaber Od 7000 and assigned
Florida document number LAUGIOS I FIBI	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
7	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	. 2
[
	· · · · · ·
Enter new mailing address, if applicables	0 DEC 21
• • • • • • • • • • • • • • • • • • • •	C 2
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• • • • • • • • • • • • • • • • • • • •	C 2
(Mailing address MAY BE A POST OFFICE BOX)	C 21 PM 1: 43
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	C 21 PM 1: 43
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a	C 21 PM 1: 43

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.

City

'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	Schneider Jonassaint		IZ∕Add
		Miami FL 33161	□ Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
		 	Change
			□ Add
			Петоче
			□Change

f amen	ling any other information, enter change(s) here: (Attach additional sheets. if necessary.)
_	
_	
f an effect Note: If	date, if other than the date of filing:
record s d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	Signature of a member or authorized representative of a member
	Schneider Jonassaint Typed or printed name of signer