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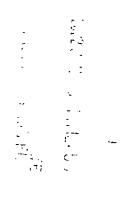
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Special Instructions t	to Filing Officer:	
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A. BUTLER JAN 25 2022

## **COVER LETTER**

TO: Registration Section Division of Corporati	ions		•
CUBLICAT.	( Ours ac	G10, 100 1 10	
SUBJECT: JUJAN	Name of Lim	Sarvices LIC	<del></del>
The enclosed Articles of Amend	dment and fee(s) are sub	mitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
	Nothay, M	Name of Person	
	9)"	Name of Person	
<del></del>	16 wheels	Services LC Firm Company	<del></del>
		rinte-Company	
	1001 5		2 <b>/</b>
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	Pembaya	2mei Pl 35074	
_	1 STANFORD	Pinks PL 35026 City/State and Zip Code	
	infile	119 wheel chot	
	E-mail address:	) 18 wheels .net to be used for future annual report notif	fication)
For further information concern	ing this matter please e	all·	
	B		
Nativila Maraca	ł o	w(2) 1 709 -	0557
Name of Person	n	at ( <u>301</u> ) <u>209 -</u> Area Code Daytime	e Telephone Number
Enclosed is a check for the follo	owing amount:		
St \$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)
			(manufacture and ) in and (man)
Mailing Address: Registration Section		Street Address:	ation
Division of Corpor		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	
Tallahassee, FL 32	314		Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Superior Carrier (Same of the Limited)	Liability Company as it now appears on e Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on 657	OI 2021 and assigned
Florida document number <u>L. 2100005 7 336</u>		
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the design:	ution "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address h		ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida
-	City	Zıp 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 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
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te:	ve date, if other than the date of filing: 132000 (optional) setive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
core s fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ed_	January 3 . 2022.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00