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COVER LETTER

	Registration Se Division of Cor			
CHD IE		NSPORT, LLC		
SUBJEC	,	Name of Lim	ited Liability Company	· · · · · ·
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Antonio Strickland		
			Name of Person	
		MSF TRUCKING LLC		
			Firm/Company	
		2030 Quintilis Ct.		
			Address	
		Deltona FL 32738		
			City/State and Zip Code	
		Antonio.strickland21@yaho		· · · · · · · · · · · · · · · · · · ·
			to be used for future annual report not	ilication)
For furth	er information c	oncerning this matter, please c	all:	
Antonio	Strickland		321 696-2341 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	Lis a check for th	ne following amount:		
■ \$25.	00 Filing Fec	S30,00 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 S		<u>Street Address:</u> Registration Se	ection
	Division of C		Division of Co	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MSF TRUCKING LLC

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/09/2021 and assigned Florida document number 1.21000069550

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_. Florida ____

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

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<u>Title</u>	<u>Name</u>	Address 21 AFR	-7 PH 3: 42	Type of Action
AMBR	Antonio Strickland	2030 Quintilis Ct Deltona,FL 327		= Add
				□Remove
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	plock does not meet the applicab	date of filing or more than 90 day de statutory filing requirement	(optional) s after filing.) Pursuant to 605.0207 (3) s, this date will not be listed as th		
f the record specifies a delayed effecti ecord is filed.	ive date, but not an effective time	e, at 12:01 a.m. on the earlier	of: (b) The 90th day after the		
Dated	, <u>8:58AM</u>	A.A.			
		7 hl	W		

Typed or printed name of signee