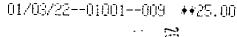
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| () | Requestor's Name) | |
|----------------------|-------------------------|-------------|
| | | |
| (. | Address) | |
| | Address) | |
| | | |
| (4 | City/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (| Business Entity Name) | - |
| (| Document Number) | |
| Certified Copies | Certificates of S | Status |
| Special Instructions | to Filing Officer. | |
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Office Use Only



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COVER LETTER

Tallahassee, FL 32314

| TO: Registration So Division of Con | | | |
|----------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJECT: | Hor Bros Tr. Name of Limi | ucking LLC | |
| | Name of Limi | ted Liability C ol npany | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | nitted for filing. | |
| Please return all correspondent | ondence concerning this matter (| to the following: | |
| | Cordania | Name of Person | |
| | | Firm/Company | |
| | 3710 cat | - Mint St Address | |
| | Tampa FC 3 | 33619 | |
| | Cordario Proitt (E-mail address: (i | 33619 City/State and Zip Code Datorbrostruck o be used for future annual report notion | Gag. CoM |
| For further information of | concerning this matter, please ca | | _ |
| Cordario F | Prus + 4 | at (727) 83 9 | 2.5 ne Telephone Number |
| · vanc c | 77. (1.80) | Auto Code Dayana | e religione ramee |
| Enclosed is a check for t | he following amount: | | |
| | ☐ \$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 | Street Address: Registration Se | |
| Division of C P.O. Box 632 | • | Division of Cor The Centre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

| Sator B | ros Trucking | LLC | |
|---------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------|----------------------|
| (Name of the Limited Lia) (A Flo | bility Company as it now appears ob orida Limited Liability Company) | our records.) | |
| The Articles of Organization for this Limited Liability | y Company were filed on | | and assigned |
| Florida document number | · | | |
| This amendment is submitted to amend the following | : | | |
| A. If amending name, enter the new name of the li | imited liability company here: | | |
| The new name must be distinguishable and contain the words "I | Limited Liability Company," the designa | ation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET AD | DRESS) | | |
| Enter new mailing address, if applicable: | | COR. | [-] 2022 JJ |
| (Mailing address MAY BE A POST OFFICE BOX) | | • · · · · · · · · · · · · · · · · · · · | T2E - 3 - 1 1 1 |
| B. If amending the registered agent and/or registe | ered office address on our record | is, enter the name | of the new registere |
| agent and/or the new registered office address here | | .*1 | <u> </u> |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida sti | reet address | |
| | | , Florida | |
| | City | | Zip Code |

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

15 =7

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 |
|--------------|-----------------|------------------|----------------|
| MER | Sugad Portillo | 3710 cat mint st | ⊠Add |
| | | Tampa FL 33619 | □Remove |
| | | | □Change |
| MER | Halima Portillo | 370 cat mint st | |
| | | Tampa Pl 33619 | 200 Remove |
| | | | Change Add A |
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| ffective date, if other than the date of filing: 12//2 an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of ote: If the date inserted in this block does not meet the applicable statutory filing requirem occument's effective date on the Department of State's records. | (optional) days after filing.) Pursuant to 605.020 ents, this date will not be listed as |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli is filed. | er of: (b) The 90th day after the |
| Signatore of a member or authorized representative of a member of authorized representative of a member of Signatore of Signature of Si | |